
PUBLIC HEALTH SERVICES
HEALTH EDUCATION
MOTIVATION OF DEFAULTER´S
ASSISTANCE TO OTHER PROGRAMMES
BIRTHS & DEATHS RECORD

(Fig: 6)



The camp people are also educated by the Public Health team personnel as well as Malaria supervisors to keep their surroundings clean and fill in the ditches which contain stagnant water and other water ponds in the camps so as to decrease the breeding grounds for mosquitoes.

3. REFERRAL OF PATIENTS / EMERGENCY MEDICAL COVER

The medical officers of the curative health team also refer patients to different Government hospitals at Peshawar and Abbottabad, who may need hospitalization or any specialized treatment not available in the B.H.U's. Similarly, emergencies are also referred to these hospitals, and in most of the cases transportation facilities are also provided by the project.

To deal with other emergencies which do not need hospitalization, curative health team staff remain on emergency duty after the duty timings in Ghazi camps only. The reason for this being that the field office at Ghazi is very close to the refugee camps as compared to Haripur where the field office is about 15 k.m's away from the nearest camp. The refugees in Haripur usually take their emergencies to the civil hospital or to the private hospitals, in the nearby town.

PUBLIC HEALTH SERVICES

The activities of the Public health team include health education, motivation, location of defaulter's, bringing awareness among the people about certain health related problems etc. (See Fig 6)

The team is headed by a sanitarian with Community Health Supervisors and Community Health Workers as its support staff. A total of three public health teams are working in the camps.

Besides preventive health team, Public Health Team is also playing a very important role in creating awareness among the refugee population.

Some of the specific activities of the Public Health Team are as follows:

1. **HEALTH EDUCATION**

The Public Health team personnel deal with the male population of the camps only. They are full time involved in teaching and educating the people to make them aware of different health problems faced by them and also the ways and means to prevent them from these dangers. They visit the houses, camps public places like mosques and shops and boys schools and educate them accordingly.

Similarly they are also looking after the environmental sanitation in the camps by helping people in the construction of proper pit and surface latrines and also educating them about their proper maintenance and use.

One of the important tasks of the public health team is to advise the people about the proper use of water from the lake, river and wells, because the use of contaminated water by the refugees has created many health problems, specially the Gastro intestinal diseases.

They also visit the shops in the camps and give advice to the shopkeepers selling edible foods to prevent their merchandise from flies and dust and always sell fresh and clean food items.

2. **MOTIVATION OF DEFAULTER´S**

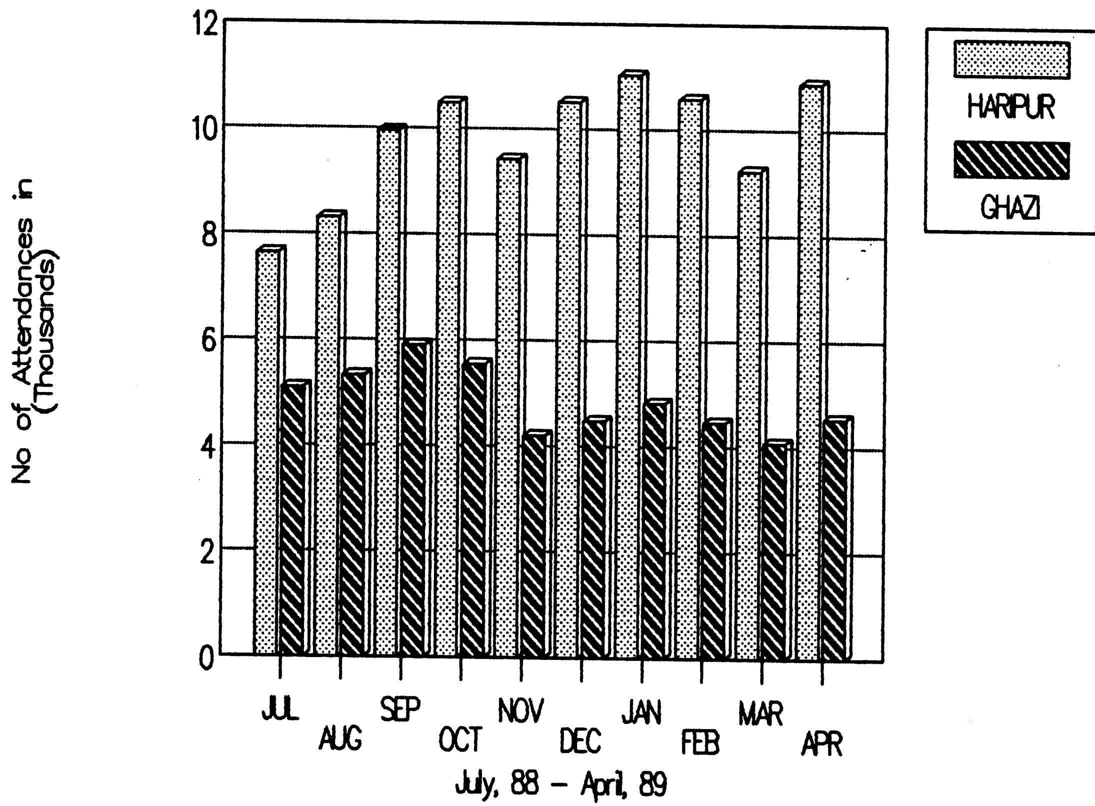
The Public Health team also assists the curative and preventive health teams in implementing and carrying out some of their programmes by locating and motivating defaulter´s who are registered in different clinics (e.g T.B, Malaria, Ante - Natal, Under Fives, E.P.I) but fail to come on a regular basis as required by the schedule of that clinic, which makes their treatment irregular and therefore less effective.

Thus all these defaulter´s are located on the instructions of the relevant team leaders and are convinced to complete their full course of treatment. This ensures that the patient is fully cured and does not cause problems for other people.

All these defaulter´s are followed up on a regular basis.

THE SALVATION ARMY

Attendances At Haripur & Ghazi.



(Fig: 7)

3. ASSISTANCE

This team (Public Health) is also of great help and assistance to other teams namely the Preventive and Curative because they provide various assistance and support while undertaking any special task or programmes like mass immunizations programmes for women and children, malaria spray campaign in the camps, carrying out different surveys, chlorination of water wells and location of disabled people in the camps etc.

They also assist in spreading different messages among the camp people.

4. BIRTHS AND DEATHS RECORD

The Public Health team also collects monthly figures on births and deaths in the camps and if possible, the causes of deaths are also recorded. This record help the medical teams to cross check the births and deaths with their own records.



THE SALVATION ARMY
Afghan Refugee Assistance Project
PAKISTAN

STATUS REPORT

BASIC MEDICAL PROGRAM

The overall medical program of The Salvation Army, Afghan Refugee Assistance project is based on following two major objectives:

1. *TO IMPROVE THE GENERAL HEALTH OF THE REFUGEE POPULATION AND TO MEET MEDICAL EMERGENCIES.*

   This particular objective relates to the working and activities of Curative Health team.

2. *TO DECREASE THE INCIDENCE OF COMMUNICABLE DISEASES AND THOSE DISEASES DUE TO ENVIRONMENTAL AND NUTRITIONAL CIRCUMSTANCES.*

   Also this objective relates to the working and activities of Preventive and Public Health teams.

The project set some targets or achievement indicators for its medical teams to accomplish during the grant period to fulfill its objectives.

Previously these achievements were reported separately under Ghazi and Haripur, but from now on all the achievements at Ghazi and Haripur will be reported together. Anyone interested in individual reports on Ghazi or Haripur can contact Peshawar office and these will be happily provided.

The achievements during the reporting period are as follows:

ACHIEVEMENTS - CURATIVE HEALTH

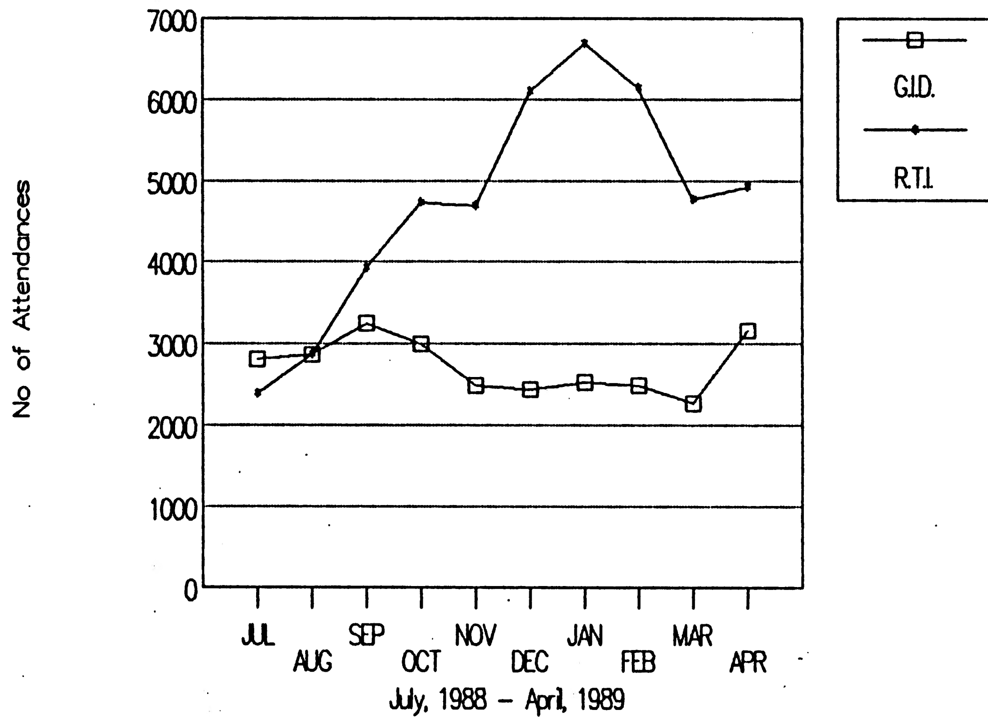
* Through out patient general clinics, 6 days a week, a total of 146358 patient visits were recorded at the B.H.U's, an average of 2032 per B.H.U per month.(See Fig 7)

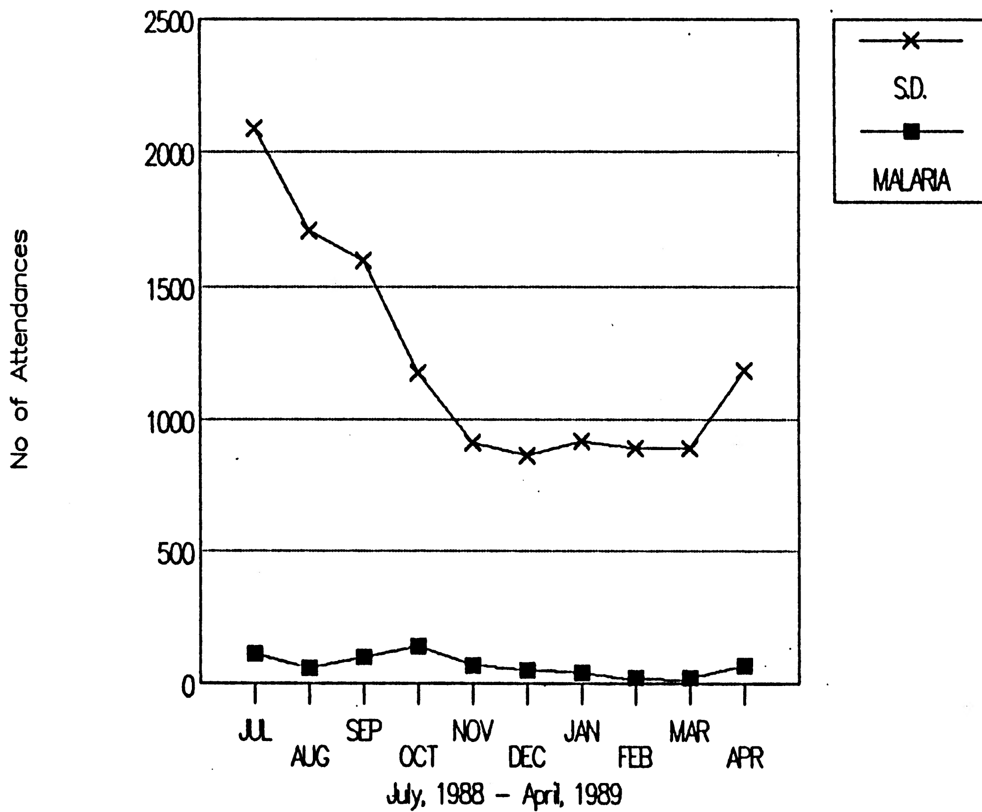
  The visits comprised 18.34% men, 34.28% women, 21.28% children under 4 years of age and 26.10% children between the age of 5 and 14 years.

  Almost 79% of the total patient visits were for the following illnesses :-

MEDICAL PROGRAMME

General Illness Trend.

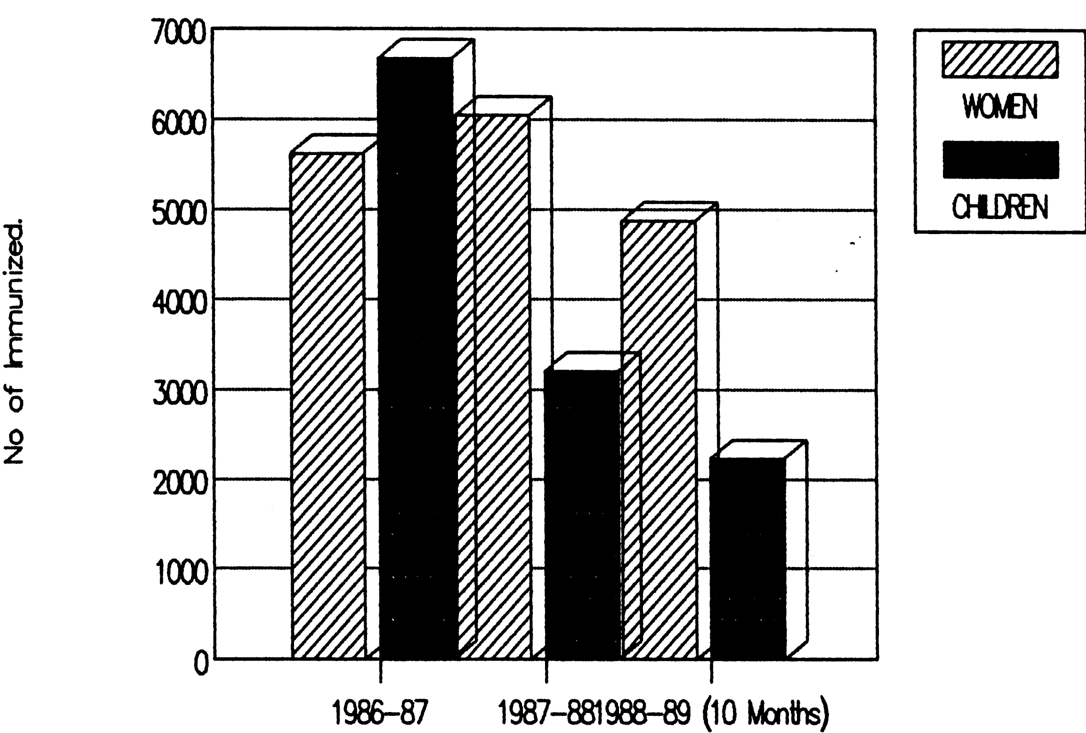




(Fig: 8)

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Completely Immunized Women & Children.



(Fig: 9)



Illnesses

1. Upper Respiratory Tract Inf:	27.0%
2. Fever (P.U.O)	8.6%
3. Skin Diseases	8.4%
4. Other Gastric Problems	7.6%
5. Psychosomatic Illness	6.7%
6. Obstetric	5.2%
7. Diarrhoea	4.7%
8. Other (infectious diseases)	3.8%
9. Dysentery	3.7%
10. Eye Infection	3.3%
Total	79.0%

(For further details see Medical Statistics - Annex I)
(See Fig 8 - G.I.D = Gastro Intestinal Diseases, R.T.I = Respiratory Tract Infection, S.D = Skin Diseases)

* A total of 980 patients from Ghazi and Haripur camps were referred to the Government Hospitals for investigations and or specialized treatment as it was not possible for the medical teams to provide them the required treatment in the camp situation.

* On the request of the B.H.U medical officers, a total of 25481 specimens were examined in the field laboratories at Ghazi and Haripur camps, to help them in the diagnosis and treatment of the patients. Out of these 3482 were found positive.
The specimens positivity rate was 13.66%.

  75.47% of the total specimens examined were blood samples for malaria and 12.91% were sputum samples for Tuberculosis.

  (For more information see laboratory statistics - Annex II)

* During the reporting period, 98.2% of the 173 registered T.B patients were receiving their anti tuberculosis treatment on a regular basis.

  A total of 150 new T.B patients were registered and commenced anti - tuberculosis treatment after being investigated by the concerned medical officers.

  At the end of the reporting period, 173 T.B patients were under treatment.
  (For details see T.B statistics - Annex III)



* 100% of the reported Malaria Positive cases received complete anti malarial treatment. The slides positivity rate recorded during the period was 13.10%
(For more details see malaria supervisors report - Annex IV)

* After duty hours, emergency medical cover was provided to a total of 1244 patients in the Ghazi camps.

ACHIEVEMENTS - PREVENTIVE HEALTH

* In Ghazi and Haripur camps 95.90% of the total identified pregnant women, registered in the Ante -Natal clinic, availed its services during the reporting period.

  (For more information see Preventive Health team (Ante Natal Clinic) statistics - Annex V)

* Out of the total of 1734 births recorded, 1310 or 75.55% of the deliveries were assisted by the staff or the T.B.A's (Traditional Birth Attendants) trained by the project.

  (For more information see preventive health team (Ante Natal Clinic) statistics - Annex V).

* Out of the total 5037 under five children, registered in the respective clinic, 9394 attendances were recorded at Ghazi and Haripur B.H.U's. The visit per child recorded during the period was 1.77 times.*

* The % age of malnourished children recorded at the end of the period was 14.77%, this includes 1st degree, 2nd degree and 3rd degree malnourished cases.*

  (* * For more information see preventive health team (Underfives Clinic) statistics - Annex VI).

* Out of the total underfive population 12151 attendances were recorded by the vaccinators for immunizations, during the reporting period.

  The immunizations completion rate recorded during the reporting period was 18.4%. This figures refer to only those children who were fully immunized against six major diseases, namely, Polio, Tuberculosis, Measles, Whooping cough, tetanus and Diphtheria.

  (For more details see E.P.I completion report and E.P.I immunizations status report - Annexes VII and VIII, respectively). (Also See Fig 9)



* The total attendances of child bearing age (CBA) women recorded by the vaccinators was 9522. Out of this 4876 or 51.2% were fully immunized against Tetanus.

  (For more information see E.P.I completion and E.P.I Immunizations status report - Annexes VII and VIII, respectively).

* The preventive health team personnel contacted a total of 17374 children through school visits for the purpose of imparting health education / information about personal hygiene and prevention of different communicable diseases.*

* Health talks were also given to a total of 135,199 attendants to the B.H.U's, while waiting for their turn to be seen by the Medical Officers. This figures comprises both Ghazi and Haripur B.H.U's.*

* Through camp visits, preventive health team personnel were able to contact 22979 women, 2284 Ante - Natal and 2510 Post - Natal cases and provided them information about better health, hygiene, nutrition and also about the available health facilities in the B.H.U's.*

  (* * * for more details see preventive health team (underfives clinic) statistics - Annex VI).

* A total of Six T.B.A trainees completed their training in assisting with the deliveries using aseptic methods. This training was given by the Female Medical Officer and the Lady Health Visitors.

ACHIEVEMENTS - PUBLIC HEALTH

* Through school visits, the public health team personnel contacted a total of 41077 school children so as to educate them about personal hygiene and prevention against common diseases.*

* Through camp visits, a total of 56070 people were contacted for the purpose of imparting health education, prevention of communicable diseases and environmental sanitation. *



* Also in B.H.U's a total 55609 patients, waiting to see the doctor, received information about some common diseases, their prevention and also about the proper treatment of different diseases.*
  (* * For more information see public health team statistics - Annex IX).

* While motivating the people in the camps, public health team referred 32374 under five children for vaccination.

  They also motivated and referred 938 Malaria positive cases for radical treatment.
  (See public health team statistics - Annex IX).

* In order to improve the camp sanitation, public health team carried out inspection visits of pit latrines, water tanks and water taps at Ghazi and Haripur camps and advised the people about their proper construction, proper use and maintenance.

  Each pit latrines was inspected 8.6 times, similarly each water tank was inspected 10.41 times and also each water tap was inspected 13.92 times, during the reporting period.

  At Haripur, they also helped in the construction of 180 pit latrines and 350 surface latrines.
  (See public health team statistics - Annex IX).

* To help the curative and preventive health teams in implementing their programmes, the public health team also assisted in locating the defaulters.

  During the reporting period they were able to locate and motivate 253 T.B defaulters, 2041 vaccination defaulters and 94 under five clinic defaulters.

  (See public health team statistics - Annex IX).

* 2066 shops selling edible food and 147 butchers shops in the camps were visited by the public health team and advised them to sell fresh food items and also to protect their edibles from insects and dust.*

* Inspected and chlorinated a total of 820 shallow wells at Ghazi and Haripur camps. The chlorine bags were provided by the Danish Committee for Afghan Refugees, who are running water supply projects for Afghan Refugees.*

* A total of 275 suspected T.B patients and 78 Malaria cases have been referred to the B.H.U's for sputum examination and for (Malaria) follow up slides, respectively.*

* Public health team assisted and helped people in closing 161 water ditches / ponds so as to decrease the breeding of mosquitoes, in Haripur camps.*

* They also assisted with Malaria Supervisors in malaria spray campaign and surveys for locating falciparum cases, in Haripur camps.*

* The total births recorded during the reporting period at Ghazi and Haripur camps was 1150.*

* Also the total deaths recorded at Ghazi and Haripur camps was 143. Among the dead 58.74% were children under the age of five years and 41.25% were adults.*

(* * . . For more details see public health team statistics - Annex IX).

IMMUNIZATIONS COVERAGE SURVEY

The E.P.I immunization programme is being carried out in the refugee camps of Ghazi and Haripur since the inception of the project in 1982 and 1983 respectively.

The main target for the immunizations were the children under five years of age and women in Child Bearing Age (C.B.A).

During the current project, it was felt that there was a need to assess the on going immunizations programme and to find out the actual immunization coverage rate among the refugee population.

To prepare the ground for carrying out the survey plans, a seminar on Management Information System was arranged which was conducted by Ms.Mary Anne Mercer from SAWSO, who dealt in length about the procedures and methods involved in carrying out the survey.

This survey was conducted in Ghazi and Haripur camps by medical personnel hired on a casual labour basis. Those surveyed were a sample of 300 children between the ages of 13 - 24 months.



The results of the survey in Ghazi camps shows that the coverage rate out of the total children between the age of 13 - 24 months, 88.03% were fully immunized against six major diseases namely, Polio, T.B, Measles, Whooping cough, Tetanus and Diphtheria, 9.96% were partially immunized and 1.99% were not immunized at all.

In Ghazi, another survey was also conduced to find out the completion rate of Tetanus Toxide Vaccine among the women in child bearing age. The results of the survey show that 71.10% were fully immunized, 21.67% were partially immunized and 7.22% were not immunized against Tetanus Toxide.

(For details see E.P.I survey report Ghazi camps - Annex X)

Similarly the results of survey at Haripur shows that 64.37% children between the age of 13 - 24 months were fully immunized, 30.36% were partially immunized and 5.27% were not immunized.

To find out the coverage of tetanus toxide injections to C.B.A women, no survey was conducted because of limited time.

(For details see E.P.I survey report Haripur camps - Annex XI).

PROBLEMS ENCOUNTERED

There was only one major problem faced by the medical teams during the during the reporting period and this affected the supply of medicines to the B.H.U's.

The reason was that the cost of medicines for re - stocking the Community Health Workers (C.H.W's) kits was not included in the CIDA budget, so the medicines to the C.H.W's were provided from SAWSO medical supply funds, which affected the overall budget of the medicines for the B.H.U's.

CONCLUSION

During the reporting period, the overall performance of the medical teams was quite satisfactory and the refugees seemed to be very happy with the services being provided by The Salvation Army.



INTRODUCTION AND BACKGROUND

Today, Pakistan is catering for the needs and welfare of about 3.2 million Afghan Refugees, who have been forced to leave their homeland and take shelter and refuge in Pakistan. These refugees are residing in 384 camps in 17 districts and tribal agencies of Pakistan.

Most of these refugees live in the North West Frontier (75%), Baluchistan (20%), and Punjab (4%) provinces. The remainder are scattered elsewhere in the country.

The majority of the refugees are pathan tribesmen, primarily from Afghanistan's eastern regions, a small number are Baluchi's, Hazara's, Nuristani's and Turkmen.

Out of the total refugee population residing in Pakistan, 51.30% of them are children, 26.33% are women and 22.37% are men.

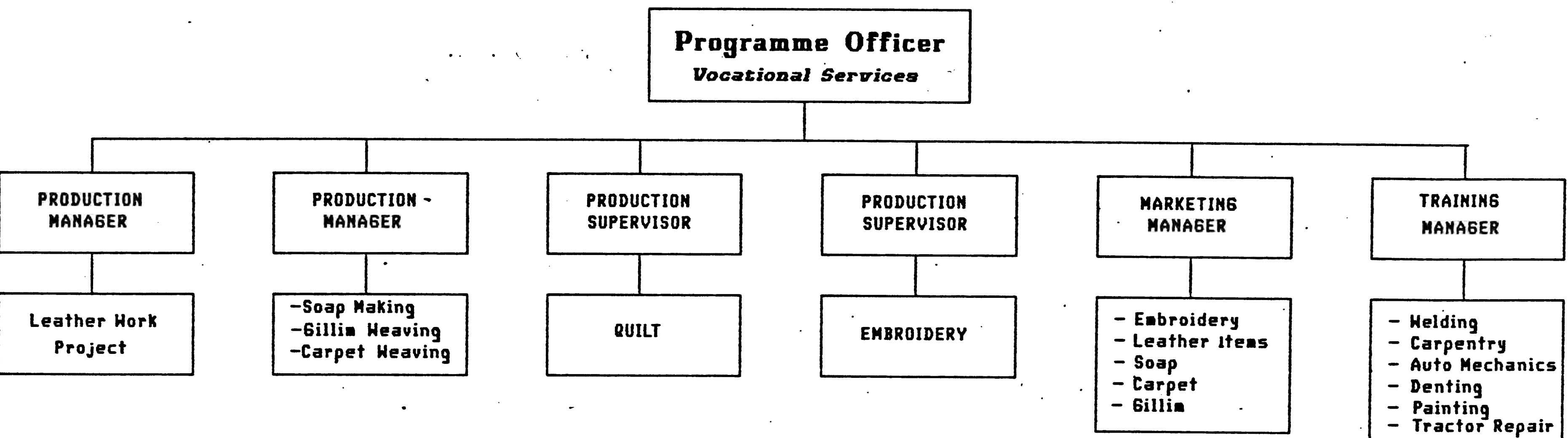
After being granted permission by the Ministry of States and Frontier Regions (SAFRON), Government of Pakistan, The Salvation Army commenced its operation by setting up two Basic Health Units (B.H.U's) in Ghazi camps in August 1982. Since then, The Salvation Army has been providing Medical Services, and later also Community Health Education, Vocational Training and Income Generating activities to an estimated 90,000 refugees residing in seven tentive villages in the Hazara Division of the N.W.F.P. Funding has come under a series of eight grants given to SAWSO, the grantee, by the U.S States Department, Bureau for Refugee Programmes, also from Canadian International Development Agency (C.I.D.A), Help - Age, (the overseas branch of Help the Aged), U.N.H.C.R and Canadian Ambassador's discretionary fund (Needs assessment survey in Afghanistan).

The breakdown of the population being served is 46.1% children, 28.5% women and 25.4% men.

The Salvation Army is working at two locations in the N.W.F.P, Ghazi and Haripur, approximately 120 and 160 k.m's east of Peshawar, and at one location in the Punjab, Mianwali, which is approximately 375 k.m's south of Peshawar.

For the concluded project period, a proposal for the grant of U.S $ 700,239 was submitted to U.S States Department through SAWSO in March,1988 for the basic medical and vocational training programmes

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Afghan Refugee Assistance Project



(Fig - 10)



This does not mean that the project administration did not do anything to further improve the quality of the services and it would be worth mentioning that steps are being taken to improve the follow up system of different categories of patients, with the induction of trained Community Health Supervisors and Community Health Workers in the medical program.

Also discussions are being held between the project administration to bring some major changes in the underfives clinic.

SECTION III

VOCATIONAL PROGRAMME

INTRODUCTION AND BACKGROUND

The Salvation Army commenced its vocational and income generating programme, initially in the Ghazi camps, in 1984. This was because of the reason that almost 45% of the patients attending the B.H.U's were Psychosomatic patients i.e they were not suffering from any illness, it was only due to lack of work and meaningful activity in the camps, which had made them patients.

In order to reduce the pressure of psychosomatic patients from the B.H.U's and provide them with some meaningful work and income resources, which they also lacked, The Salvation Army established the vocational training and income generating project.

Initially this project was started on a small scale but after few years it expanded and became one of the major programmes, which certainly improved the socio - economic conditions of the refugees living in Ghazi and Haripur camps.

Through this programme refugees are provided work, income, technical training to the unskilled children, mainly the orphans and poor and self employment opportunities.

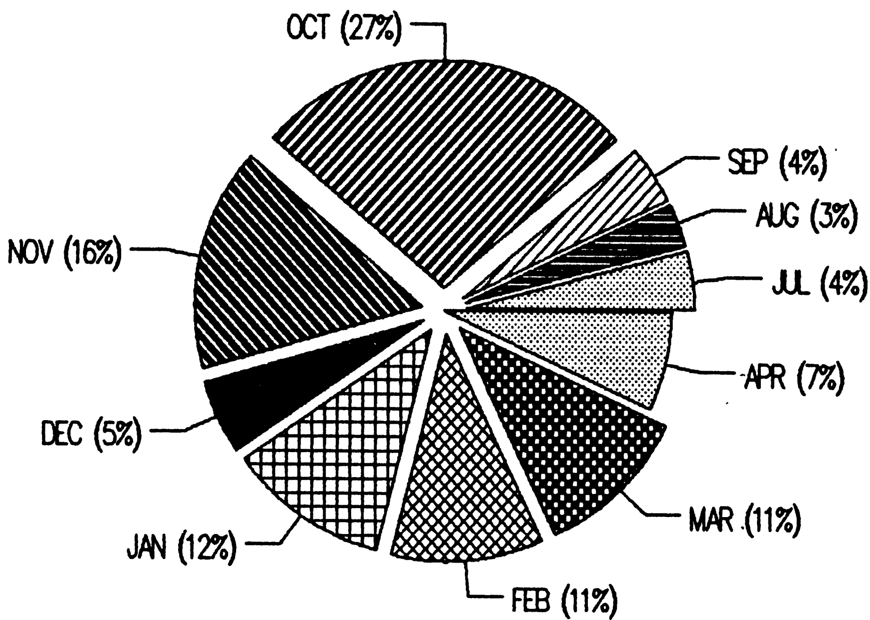
As mentioned earlier, this programme is being funded by two donors, i.e U.S State Department Bureau for Refugee Programmes and Help the Aged Foundation , U.K.

50% of the funds were provided by SAWSO to cover the administrative and other overhead costs while Help the Aged's 50% share in the budget was utilized to cover the direct production costs i.e payment to producers, purchasing of raw materials and tools for production.

Besides these two donors, UNHCR Peshawar and UNHCR Lahore are also providing funds for Leather Work Project and Quilt Making Project in Haripur and Mianwali (Punjab) camps respectively.

During this concluded period, the refugees were provided income facilities through providing them work in producing different items in Embroidery, Gillim, Carpet and Soap production. (See Fig 10)

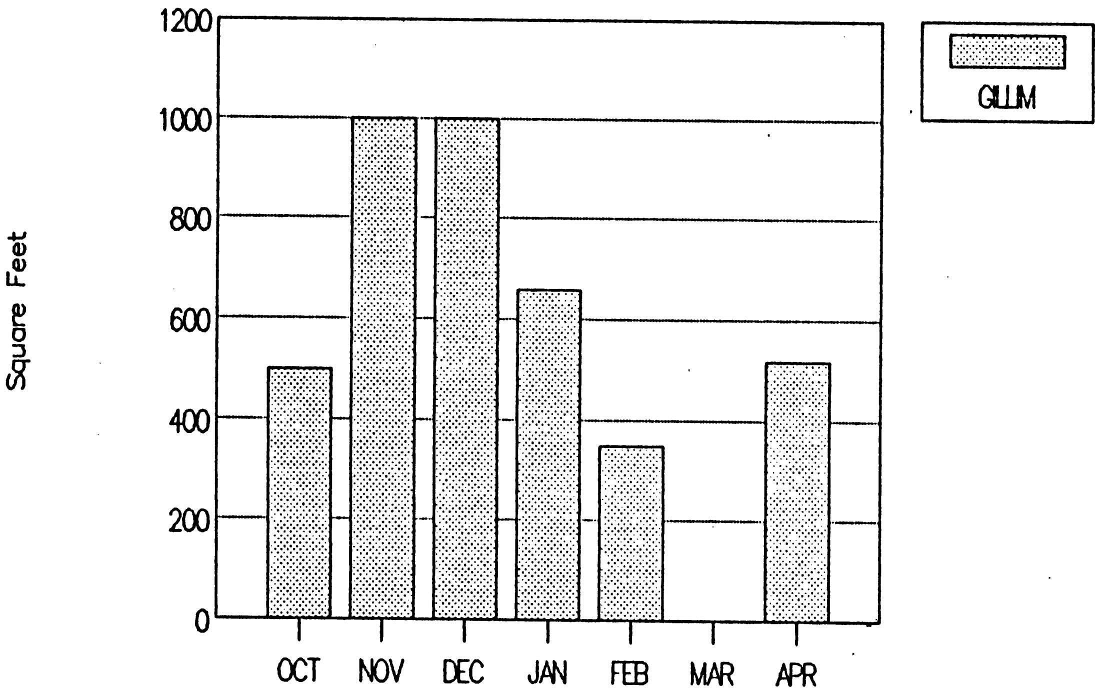
THE SALVATION ARMY
Embroidery Production.



(Fig: 11)

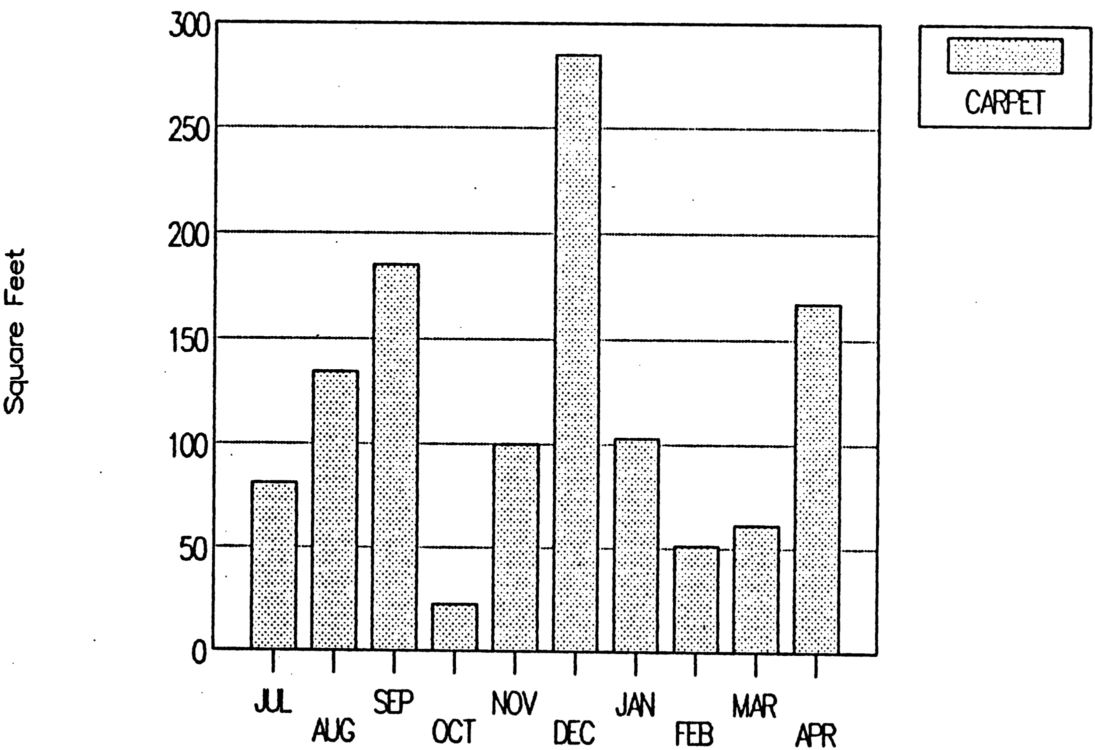
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Gillim Production.



(Fig: 12)

Carpet Production.



(Fig: 13)



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Training facilities were also provided to a number of refugee children who were trained in Carpentry, Welding, Auto mechanics, Painting, Denting (Body Building), Tractor repairing and Soap Making.

STATUS REPORT

The main objective of the vocational and income generating programme is, " *TO PROVIDE PRODUCTIVE, INCOME GENERATION AND MEANINGFUL WORK FOR THE UNEMPLOYED AND PROVIDE CRAFT AND LITERACY TRAINING FOR THE YOUTH TO ENABLE THEM TO TAKE PART IN INCOME GENERATING ACTIVITIES IN THE REFUGEE COMMUNITY* ".

Adhering to this objective, the project during the concluded period accomplished the following targets :

ACHIEVEMENTS

A – PRODUCTION

1. EMBROIDERY PRODUCTION

During the project period, embroidery items worth of Rs.420,772-00 were produced by the project. The following table shows the number of items produced and their value every month: (See Fig 11)

MONTH	NO.OF ITEMS	TOTAL VALUE (Rs)
JULY	170	20173.00
AUGUST	116	18137.00
SEPTEMBER	152	25448.00
OCTOBER	1056	62975.00
NOVEMBER	603	46849.00
DECEMBER	198	25597.00
JANUARY,89	443	61411.00
FEBRUARY	413	59030.00
MARCH	432	51967.00
APRIL	259	49185.00
TOTALS	3842	420,772.00

2. GILLIM PRODUCTION

In Haripur Leather production centre large quantity of Gillim was being utilized to produce items with Gillim and leather combination. The leather project was buying all the required quantity of Gillims from the open market but the quality and colors combination of the Gillims purchased was not satisfactory. Also the supply was not regular which hindered meeting the time schedule of delivering the orders. In order to provide work and income to the skilled Gillim weavers residing in Ghazi refugee camp and to supply good quality Gillim on a regular basis to the leather production centre in Haripur, a Gillim weaving programme was started in August,1988.

During the project period a total of 4024 square feet of Gillim valuing Rs.82,348.00 was produced.

The following is the detail of production. (See Fig 12)

MONTH	QTY (Sq.ft)	TOTAL VALUE (Rs)
OCTOBER	500	10000.00
NOVEMBER	1000	20000.00
DECEMBER	1000	20000.00
JANUARY,89	657	12347.00
FEBRUARY	348	7026.00
MARCH	NIL	NIL
APRIL	519	12975.00
TOTALS	4024	82348.00

3. CARPET PRODUCTION

Similarly, during the same period 1190.50 square meter of carpet valuing Rs.131870.00 was produced by the carpet weavers. The following is the detail of production:
(See Fig 13)



MONTH	QTY (Sq.Mtr)	TOTAL VALUE (Rs)
JULY	81	16913.00
AUGUST	134	19901.00
SEPTEMBER	185	16460.00
OCTOBER	23	6496.00
NOVEMBER	100	9445.00
DECEMBER	285	3025.00
JANUARY,89	103	14042.00
FEBRUARY	51.50	7809.00
MARCH	61	10005.00
APRIL	167	27774.00
TOTALS	1190.50	131870.00

4. SOAP PRODUCTION

A soap making project was also commenced in Ghazi camps after a delay of three months, partly due to late arrival of funds to buy different training and production equipments and raw materials but mainly due to the non availability of a professional soap producer / trainer. Also no suitable place was available in the camps to set up the project.

After the availability of funds, the project commenced with its plans by sending the production manager to survey some of the soap making projects being run by other aid agencies. After the survey, the project hired a premises and equipped it with all necessary items. In the meantime a professional soap producer from another camp was also recruited. New inventory systems for the record of raw materials and production was also devised.

The soap factory commenced its production from 1st February,89 and till the end of the project has produced a total of 5768.5 kilograms of soap valuing Rs.75,731.00.

Some of the soap has also been given to the Afghan Refugee Commissionerate (G.O.P) for distribution among the newly arriving refugees from the Jalalabad area.

The following is the detail of soap produced during the period covered by this report:



MONTH	QTY (kgs)	TOTAL VALUE (Rs)
FEBRUARY,89	2706.50	32257.00
MARCH	1210.00	21250.00
APRIL	1852.00	22224.00
TOTALS	5768.50	75731.00

SUPERVISION

All the above mentioned programmes were closely supervised by the respective supervisors to make sure that the items are produced on schedule and the raw material is delivered to them in time.

Embroidery production was supervised by two female supervisors by regular visit to every individual producer's house in Haripur and Ghazi camps. Supervisors visited every producer house once a week distributing the required raw material and at the same time collecting the finished items from them.

The Soap, Carpet and Gillim production was supervised by the project managers in Ghazi and Haripur on a very regular basis. The project managers were also responsible for making new design's and quality control of the produced items.

B — WAGES

The total amount of Rs.473,404.00 was been paid to 1702 producers in Embroidery, Gillim, Carpet and Soap, during the project period as production wages. The average income per producer per month recorded was Rs.278.15 which is not a very high amount but at least is a very reasonable income considering the refugee situation.

1. EMBROIDERY WAGES

The average income of the embroidery producers per month was Rs.223.40. Most of the embroidery producers were elderly widows who have no other sources of income.

Following is the detail of wages paid to embroidery producers:



MONTH	NO.OF PRODUCERS	WAGES PAID (Rs)
JULY	100	12178.00
AUGUST	115	11615.00
SEPTEMBER	150	27732.00
OCTOBER	166	33069.00
NOVEMBER	113	27730.00
DECEMBER	116	52003.00
JANUARY,89	136	27742.00
FEBRUARY	167	49904.00
MARCH	178	29054.00
APRIL	181	46651.00
TOTALS	1422	317,678.00

2. CARPET WAGES

A total of 139 carpet weavers were engaged in producing different carpet items and received an average income of Rs.522.76 per month.
Mentioned hereunder is the details of the wages paid to the producers per month.

MONTH	NO. OF PRODUCERS	WAGES PAID (Rs)
JULY	15	9705.00
AUGUST	24	11220.00
SEPTEMBER	14	9303.00
OCTOBER	8	3950.00
NOVEMBER	14	4976.00
DECEMBER	2	1440.00
JANUARY,89	17	7678.00
FEBRUARY	10	4330.00
MARCH	10	5310.00
APRIL	25	14751.00
TOTALS	139	72663.00

3. GILLIM WAGES

Similarly the average per month income of the Gillim producers was Rs.532.48, which were mainly the elderly and widow women who have lot of experience in Gillim weaving from Afghanistan.

The following chart will show the month wise income of these producers.

MONTH	NO. OF PRODUCERS	WAGES PAID (Rs)
OCTOBER	10	18517.00
DECEMBER	12	7897.00
JANUARY,89	22	8505.00
FEBRUARY	22	5220.00
APRIL	24	7784.00
TOTALS	90	47923.00

4. SOAP PRODUCTION WAGES

An amount of Rs.35,140.00 was paid to a total of 41 producers during the last three months of the project. The average income per producer per month was Rs.857.00.
The undermentioned chart shows the amount paid every month to the number of producers.

MONTH	NO.OF PRODUCERS	WAGES PAID (Rs)
FEBRUARY	12	11940.00
MARCH	15	11760.00
APRIL	14	11440.00
TOTALS	41	35140.00

C – MARKETING

The project has established a display room in Peshawar Office and a new Marketing Manager has been recruited who is responsible for the marketing of the produced items.

The embroidery and carpet items are being sold through The Salvation Army shops at Lahore and Murree, besides this, the items have also been sold through other outlets in Islamabad and Lahore.

CATALOGUE

In order to increase the sales of the produced items, the project has prepared a catalogue for leather and embroidery items which has been printed and sent to different potential customers inside Pakistan and abroad.

NEW DESIGNS

During the period, the project introduced 18 new designs in embroidery and 5 new designs in carpet in the market. These designs were introduced because of their demand from different customers and also because these items have a high demand in the local market.

SALE OF PRODUCED ITEMS

The items produced at the production centre are sold in the local market as well exported to the west through different voluntary agencies and directly.

Locally the items are mainly sold through The Salvation Army office / showroom at Peshawar and shops at Murree, Lahore and Karachi. The items are also sold through exhibitions held at different places in the country from time to time.

Besides this there are some other agencies and organisations who are purchasing items from The Salvation Army and selling through their own channels inside and out side Pakistan. These organisations include Save The Children Fund (U.S) APWA (All Pakistan Women Association), and The Ockenden Venture.

Funds generated through the sale of craft items were used in the project to defray production costs and to increase production, thereby generating more income to the refugees.

D – TRAINING

During the concluded period 133 trainees have successfully completed their training in the field of Carpentry, Welding, Auto mechanic, Painting Denting (Body Building), Tractor Repairs and Soap Making. Out of these 20 were trained in carpentry, 30 were trained in welding, 58 were trained in automechanics, 5 each were trained in denting, painting and tractor repairs and 10 were trained in soap making. All these trainees have been awarded training completion certificates by the project.

The training for carpentry and welding was conducted at the training centre in Haripur while the training in Automechanics, Denting and Painting was conducted in the private shops in Haripur and training in soap making was conducted in soap making centre at Ghazi.

The training of these trainees was conducted under the supervision of training manager who was responsible to register the weekly training progress. The raw materials etc. for the training were provided by the project.

In order to help these trainees to establish their own business in the camps, Australian Relief Committee's office for Assistance to Skilled Afghan Refugees (ASAR) has been contacted by The Salvation Army to provide tools and necessary equipments to the graduated trainees. ASAR examined the trainees and out of 65, selected 50 for the provision of tools and equipments.

The rest of the trainees will be examined in August,1989 by the ASAR to provide them equipment and tools etc.

The tools and equipment valuing Rs.100,000.00 have been purchased and distributed among the 50 selected trainees by the ASAR project in February,89.

FOLLOW UP OF TRAINEES

Those trainees who completed their training in the shops in Haripur Town have now been employed back in the same shop or have found work for themselves in other auto mechanic shops in Haripur and elsewhere.

Out of 30 trainees trained in welding, 8 of them have opened their own shops in the camp or in Haripur Town.

The new graduated trainees are being visited by project's marketing manager who is assisting these trainees to find job for themselves.

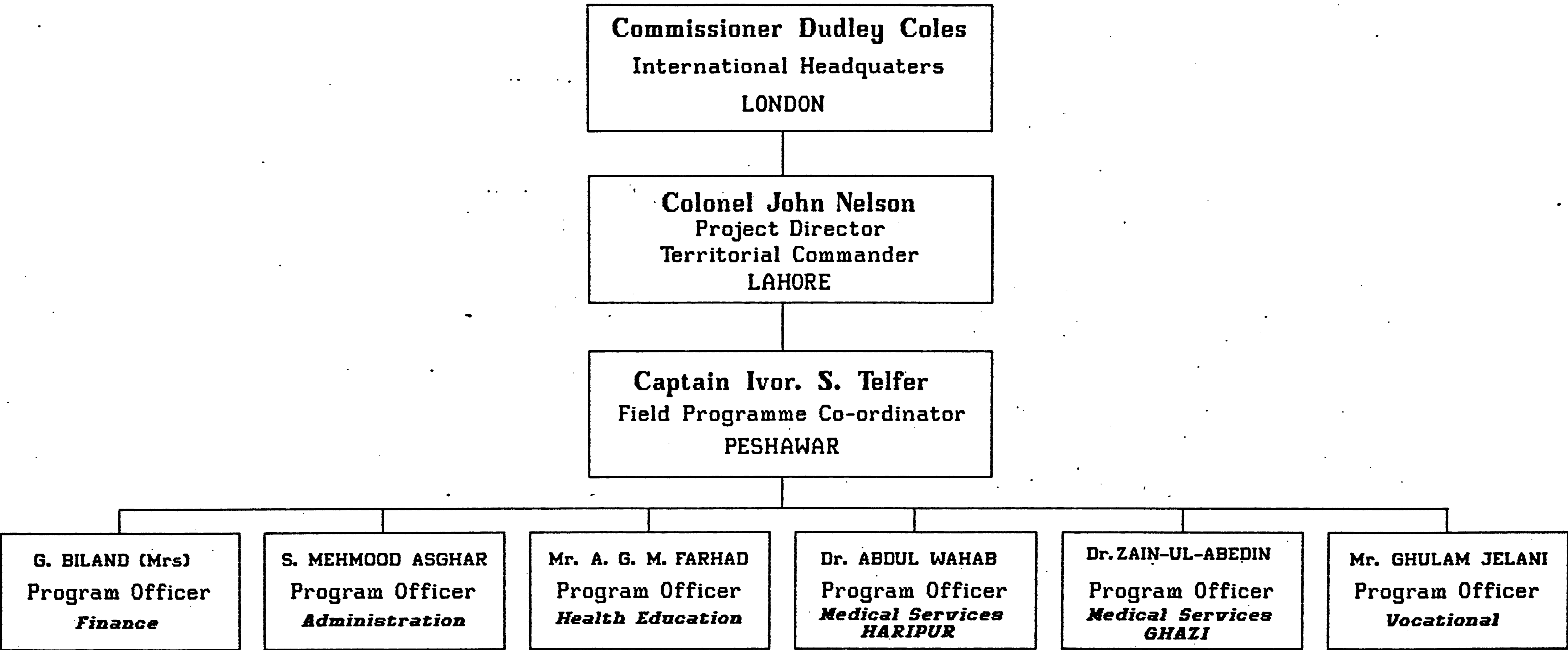
ADMINISTRATION

The project is being managed and run by Mr.Ghulam Jelani who is an Afghan and working as Programme Officer. He is assisted by his Programme Managers who are responsible for each component of vocational programme i.e production, training, marketing etc.
These programme managers keep the programme officer informed regarding their activities,on a regular basis.

The programme officer monitors the progress of the programme through regular visits to the camps.

THE SALVATION ARMY

Afghan Refugee Assistance Project at a Glance



(Fig: 2)



Due to the U.S State Department funding limitations, this amount was not possible. However, in order to maintain the monthly level of support, an amount of US $ 557,701.00 was approved for a 10 months period which covered the full basic medical programme and 50% of the vocational programme.

The remainder of the programmes i.e Community Health Education and 50% of the vocational programme, funds were made available by Canadian International Development Agency (C.I.D.A) and Help the Aged Foundation (U.K), respectively.

Also, as in previous years, U.N.H.C.R Peshawar and Lahore provided funds for the Leatherwork and Quilt Making projects at Haripur and Mianwali camps, respectively.

MANAGEMENT AND ADMINISTRATION

The Salvation Army, Afghan Refugee Assistance Project, through its main office based at Peshawar, is responsible for all the activities in the field.

For each programme, a Programme Officer is appointed whose responsibility is to implement the appropriate programme objectives.

Support is given to the Programme Officers based in the field offices at Ghazi, Haripur and Mianwali.

Direct financial and administrative control and support is provided through the Programme Officers for Finance and Administration based in the main Peshawar office.

Each Programme Officer reports directly to the Field Programme Co - ordinator based in Peshawar who in turn reports directly to the Project director based in Lahore.

Both the Field Programme Co - ordinator and the Project Director are ordained Salvation Army officers, and the services of the Project Director are donated to the project.

The Peshawar office is responsible for all the necessary reporting on the programmes as per the agreements with the donors. These reports include periodical progress, narrative and financial reports. (See Fig 2)



In order to bring better coordination among the managers in the field and to properly utilize the existing facilities in the project, a Field Assistant has been recruited from 1st December, 1988 for Haripur and Ghazi operation. He is responsible for scheduling purchases, transport, collecting reports and keeping expenditure and income account of the project in the field.

FINANCE

As mentioned earlier, 50% of the funds for the vocational programme were given by the U.S State Department Bureau for Refugee Programme to cover all administration and training cost of the project, remaining 50% of the funds were provided by Help The Aged U.K to cover producer's cost and purchase of raw material for the production of soap, carpet, gillim and embroidery items.

PROBLEMS

1. One of the major problem being faced by the project is of funding for the year 1989 - 90, which is proving to be very vital for the future of this project. The U.S State Department has agreed to provide U.S $ 83,395.00 which will keep this project functioning at a minimum level until the end of October,89 Sincere thanks go to U.S State Department and SAWSO for this "stop - gap" funding.

   The project has contacted some potential donors in order to secure funding but so far no firm commitment has been given by them, which could result in the closure of this project.

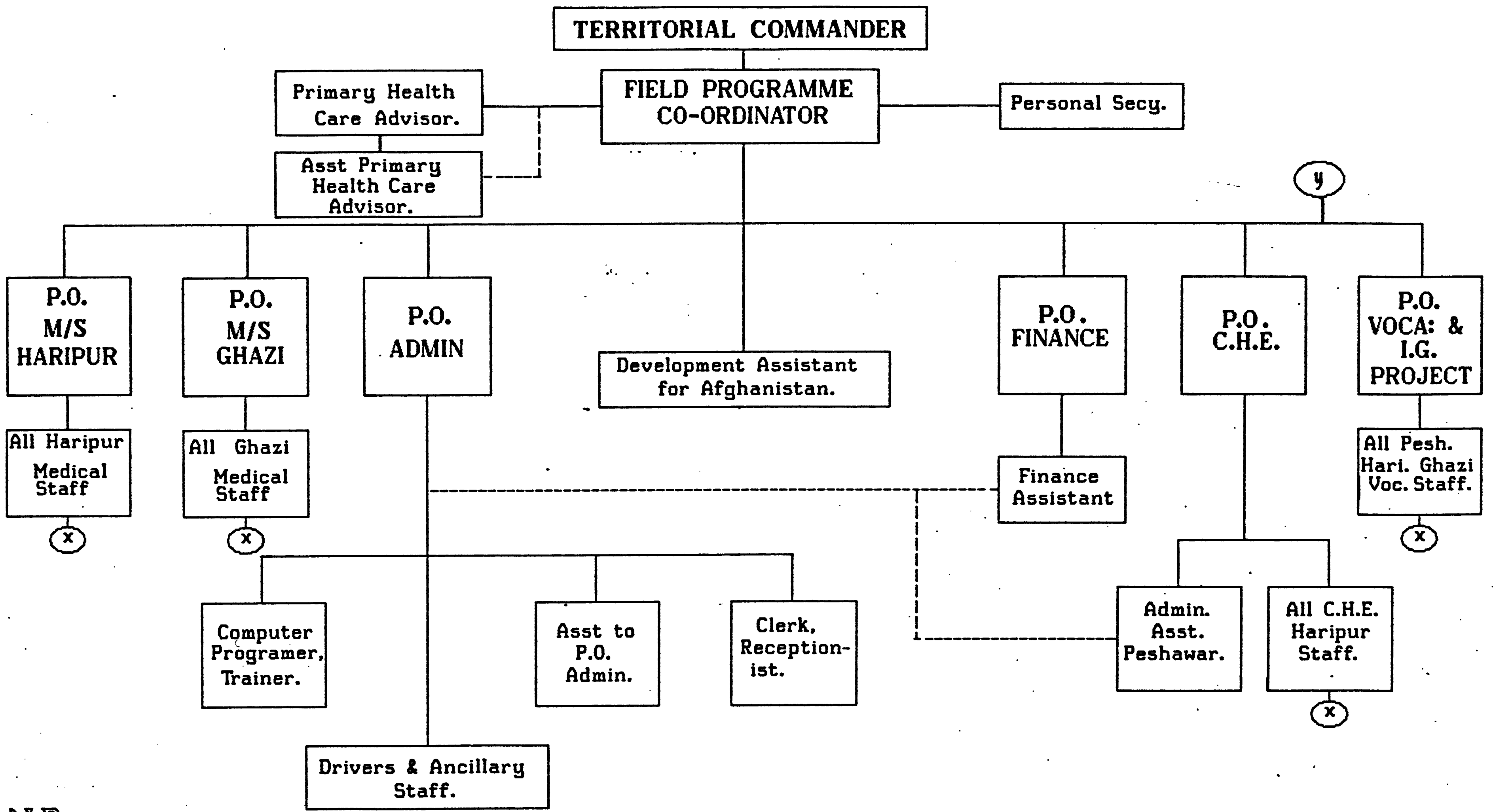
2. Most of the previous trainees who received loans for equipments from the project have not repaid because there are agencies in Haripur who give tools to skilled Afghans free of cost. This encouraged those Afghan who had loans from the project not to pay their loans.

3. Regular supervision of the activities in the camps was not able to be properly carried out because the vocational programme has only one vehicle and it is not possible to supervise Haripur and Ghazi camps as well as carry out office duties in Peshawar office.

CONCLUSION

Providing work to skilled Afghans especially the elderly widows in the camp with no other source of income is helping them very much to improve their social and economic condition. Increase in the income of these families have also affected the local shops in the camp.

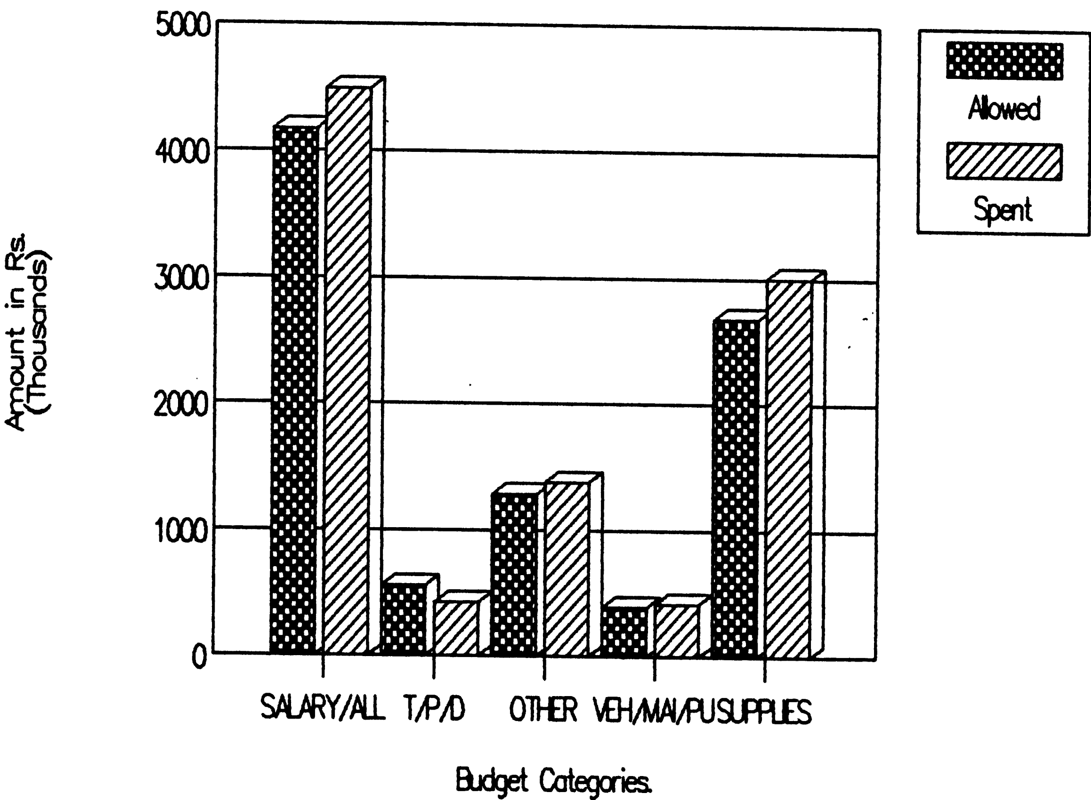
Providing technical training opportunities to young Afghans is a very vital step toward self sufficiency of Afghans in Pakistan. There is a need to expand the technical training aspect of the programme in order to enable them to utilize their skills for the reconstruction of Afghanistan, after their return.


The Salvation Army
Afghan Refugee Assistance Project Pakistan
TERRITORIAL COMMANDER
FIELD PROGRAMME CO-ORDINATOR
Primary Health Care Advisor.
Asst Primary Health Care Advisor.
Personal Secy.
y
P.O. M/S HARIPUR
All Haripur Medical Staff
x
P.O. M/S GHAZI
All Ghazi Medical Staff
x
P.O. ADMIN
Computer Programer, Trainer.
Asst to P.O. Admin.
Clerk, Reception-ist.
Drivers & Ancillary Staff.
Development Assistant for Afghanistan.
P.O. FINANCE
Finance Assistant
P.O. C.H.E.
Admin. Asst. Peshawar.
All C.H.E. Haripur Staff.
x
P.O. VOCA: & I.G. PROJECT
All Pesh. Hari. Ghazi Voc. Staff.
x
N.B.
1). Separate Charts Are Necessary For Areas Marked. x
2). The Important Areas Of Information Flow Need To Be Maintained, e.g. All Of Those Connected By The Same Line Marked. y

(Fig: 14)

THE SALVATION ARMY

Budget For July, 88 - April, 89



(Fig: 15)

SECTION IV

ADMINISTRATION AND FINANCE

ADMINISTRATION

As mentioned earlier, Peshawar main office is responsible for overall administration of the project (See Fig 14). It is also providing administration and logistics support to the field offices in the camps. All the progress and financial reports on programmes are sent to the respective donors regularly by this office.

Monthly Programme Officers Meetings were held in Peshawar in which a variety of matters pertaining to the project were discussed. Additional planning meetings were also held with the Field Programme Co - ordinator to discuss specific matters.

Once every three months the Project Director chaired a Quarterly Board meeting in Peshawar where he was updated on the previous three months activities and plans were made for the following three months.

A recent development was to introduce the Project Expenditure Board in Peshawar. This was felt necessary due to internal Salvation Army financial guidelines and has the following benefits :-

1. Assisting the Programme Officer Finance in the control and planning of the income and the expenditure on the project.

2. Assisting the programme officers in ensuring that funds are utilized according to the individual budget line items.

3. Assisting in the monitoring of the expenditure.

4. Assisting in co - ordination of the various finances on the projects e.g salary scales, staff benefits etc.

FINANCIAL NARRATIVE

At the commencement of this section, it is necessary for us to record our sincere appreciations to the United States State Department for Refugee Programmes for their funding of this section of our programme during the last ten months.

Not only has funding been for this period but also sincere appreciation is necessary for funding since 1982. Without their assistance, none of the project would have been possible.

Notwithstanding the above and as alluded to in our Interim Report issued in February,89, difficulties have been experienced in attempting to adhere to the budget. These difficulties continued to the conclusion of the grant period.

On the attached budget diagram, (See Fig 15) it can be seen that the actual expenditure in four of the five major areas is higher than the initial budget allocations.

a. **SALARIES / ALLOWANCES:** Increases here are mainly due to move of office (see below) where casual labour charges were expended, a slight under - budgeting of salary expenses and also of allowances.

b. **OTHERS:** The main increase here was due to the rented premises for office / house being sold by the landlord. As the new landlord wished these premises for his own family, this necessitated a move which resulted in increased rental costs, telephone connection charges and sundry additional utility costs.

c. **VEHICLES / MAINTENANCE / PURCHASES:** Due to an increasing workload, the existing photocopier needed major repairs. Further as many of the vehicles had been used in the camps for 3 - 4 years, major repairs were necessary, many of which will be effected in the next project.

d. **SUPPLIES:** The most major problem was found in this category, partly due to under budgeting and partly for the restocking of C.H.W kits. This latter area had not been included in either the C.H.E programme budget or medical budget. The kits had to be re - stocked to allow the continuance of the motivation to train C.H.W's, apart from the need for assistance of these C.H.W's at the B.H.U.

e. **TRAVEL / PER DIEM:** Some savings were possible here due to very close monitoring of this area and also passing some relevant charges to other projects.

Due to the increase in the rate of exchange between the dollar and the rupee, these increases were able to be absorbed into the project.



By some drastic actions from January to April 1989, such as eliminating food supplements, reducing the quantity and quality of medicines, suspending the re - stocking of C.H.W's kits and spending the minimum on vehicle repairs, the project was able to continue its activities until the end of the period.

Thanks need to be expressed to all the finance and project staff for their kind assistance in enabling the project to continue by such close financial monitoring.

Finally at the time of writing this report, sincere thanks must go again to the State Department and SAWSO for the increased budget now approved for the next twelve months.

Attached in the Annex - XII is a detailed financial report and further details are available from this office.

SECTION V

FUTURE PLANNING

1. WORK INSIDE AFGHANISTAN

The plans for working inside Afghanistan mentioned in the previous report now have been changed due to uncertainty of the settlement of the Afghanistan issue.

The option of working inside Afghanistan is still quite open but unless there is a popular stable government in power, the possibility of The Salvation Army going into Afghanistan is very low.

Besides this uncertainty, The Salvation Army has sent its survey teams inside Afghanistan for the needs assessment survey so that it can decide about the area where The Salvation Army could possibly go and help in the rebuilding of the country.

The funds for this survey were made available by the Canadian Embassy in Islamabad from the Ambassador's Discretionary fund.



2. INTEGRATION OF PROGRAMMES

Furthermore plans are in hand to integrate the Basic Medical Programme and the Community Health Education Programme and give birth to a Primary Health Care Project.

The programme officers for Medical Services and Community Health Education along with Field Programme Co - Ordinator, Primary Health Care Advisor, Assistant Primary Health Care Advisor, Development Assistant for Afghanistan and Programme Officer Administration will be working on this during the next reporting period.

It is envisaged that this change will be implemented from the next project starting 1st May,1990.

3. AFGHAN N.G.O

The project is also planning for the future and is attempting to assist in commencing an Afghan N.G.O, comprising some of the Afghan staff now working with the project.

Nature of sickness	Men	Women	Children		Total
			0—4	5—14	
Dental	129	172	7	67	375
Psychosomatic illness	2353	6603	61	747	9764
Other (Specify. if notifiable infections disease, goitre i.e.)	1377	3083	520	650	5630
Jaundice	19	62	15	24	120
Measles	-	-	10	14	24
Meningitis	9	3	-	7	19
Mumps	-	4	8	26	38
Typhoid	47	52	6	75	180
Inf: Hepatitis	3	-	-	-	3
Pertussis.	-	-	4	1	5
TOTAL	26856	50169	31144	38189	146358

No.of patients referred to Govt:hospitals 980 (Nine hundred & eighty)

Staff

Medical Officer: 6 LHV: 11 Compounder/Dispenser: 6 Dai: 4

Malaria Supervisor/Sanitary Inspector: 6/3 Vaccinator/Motivator: 7 Nursing orderly: 2 Other: 12

Traditional Birth Attendant (TBA)/Community Health Worker (CHW): —— TBA trainee/CHW trainee: ——

Vehicles:

Ambulance: ______ Other vehicles: (specify) ______

Date — ______

Form AR.9

Administrator

Annex (I)
FINAL REPORT

1st July,88 to 30th April,89

AFGHAN REFUGEE HEALTH PROGRAMME

Province: N.W.F.P District/Agency: Abbott Abad

RV: Ghazi & Haripur. BHU: 1 - 6

Organization: The Salvation Army, Afghan Refugee Assistance Project, Ghazi & Haripur.

Nature of sickness	Men	Women	Children 0-4	Children 5-14	Total
Eye infection	1101	1035	1060	1706	4902
Ear infection	379	547	1124	1169	3219
Upper respiratory infection	7251	8176	10925	13176	39528
Bronchitis	875	2203	325	622	4025
T.B. suspected	461	1416	84	1016	2977
T.B. confirmed	162	467	1	20	650
Diarrhoea	642	480	3440	2382	6944
Dysentery	826	848	1914	1795	5383
Worms	623	343	597	2025	3588
Other gastric problem	2619	4774	1905	1941	11239
Urinary tract	1181	1040	56	344	2621
Nervous system	219	87	2	19	327
Joints/Bones	1217	855	9	127	2208
Skin disease	2644	2866	2216	4500	12226
Malaria	177	145	77	261	660
Fever (PUC)	1806	3308	2499	5012	12625
Anaemia	736	1358	204	457	2755
Malnutrition 1st Degree	-	-	1348	6	1354
2nd Degree	-	-	1435	-	1435
3rd Degree	-	-	1292	-	1292
Obstetric	-	7638	-	-	7638
Gynaecological	-	2604		-	2604

Turn over please

Annex (II)

The Salvation Army Afghan Refugee Assistance Project

LABORATORY STATISTICS

Project Haripur & Ghazi Period July,88 - April,89 PD 734 (1)

S.No.	Specimen	Test Requested	Normal/-Ve	Abnormal/+Ve	Total
1.	BLOOD	i) T.L.C.+D.L.C.	43	13	56
		ii) E.S.R.	17	38	55
		iii) Hb%	182	40	222
		iv) Widal	168	175	343
		v) M.P.	16713	2520	19233
		vi) Sugar	1	9	10
		vii) Grouping/Rh Factor	124	-	124
		viii) V.D.R.L.	-	-	-
		TOTAL	17248	2795	20043
2.	URINE	i) R.E.	303	130	433
		ii) Sugar	306	25	331
		iii) Urobilinogin	176	1	177
		vi) Albumin	228	135	363
		TOTAL	1013	291	1304
3.	SPUTUM	A.F.B.	3106	185	3291
4.	STOOL	Routine Exam :	118	34	152
		i) R. Worm	50	20	70
		ii) H. Worm	63	44	107
		iii) T. Worm	64	2	66
		iv) W. Worm	64	-	64
		v) H. Nana	62	8	70
		vi) E. Histolytica	49	44	93
		vii) Occult Blood	64	-	64
		TOTAL	534	152	686
5.	ANY OTHER	i) Urine for pregnancy	63	49	112
		ii) Semen	3	5	8
		iii) Giardia	23	3	26
		G.L	4	1	5
		Others	5	1	6
		Total	21999	3482	25481

SA 4a.

Annex(III)

TB CONTROL PROGRAM - AFGHAN REFUGEES
PAKISTAN GOVT / UNHCR / WHO /
ITALIAN COOPERATION FOR DEVELOPMENT

BHU: 1 - 6 Period July,88 - April,89

DISTRICT: Abbott Abad YEAR: 734 (1)

A. CASE-FINDING ACTIVITIES BY MICROSCOPIC EXAMINATION

Type of Patients \ Microscopy	Number of slides examined	Number of slides found positive	Number of Patients examined	Number of Patients found positive
New attendants of the clinic	2455	119	863	41
Under treatment (old patients)	821	60	321	22
Total	3276	179	1184	63

B. TREATMENT ACTIVITIES

	Cases \ Type of the Disease	No. of Pulmonary (P) cases			No. of Extra-Pulmonary cases (EP)
		Smear* Positive	Smear Negative	Total	
(a)	Under treatment at the end of previous Period	38	106	144	138
(b) Input	New cases registered during this Period	44	40	84	58
	Starting again during this month after being lost	1	-	1	-
	Transferred in during this Period	2	2	4	3
(c)	Total input = (a) + (b)	85	148	233	199
Output	Completing the treatment during this Period*	30	90	120	85
	Died during this Period	2	3	5	1
	Transferred out during this Period	2	11	13	5
	Lost during this Period	5	8	13	17
(d)	Total output	39	112	151	108
(e)	Under treatment at the end of this Period (c)—(d)	46	36	82	91

Note: Please, indicate the number of defaulters during this

P: (+) 1, (—) 2 } 3
EP: —

* Smear - positive in this column shall refer to patients whose sputa were positive at the start of treatment.

THE SALVATION ARMY
AFGHAN REFUGEE ASSISTANCE PROJECT
MALARIA SURERVISORS
FINAL REPORT

Report for the Period of July, 88 - April, 89 BHU 1 - 6 R.V Ghazi & Haripur PD 734(1)

A Malaria Control Activities

Total Slides Collected	Positive Cases				Negative Cases	Cases Teated	Un Teated	Remarks
	P.V	P.F	P.M	Total				
19233	2309	211	-	2520	16713	2520	-	-

B. T.B. Control Activities

Microscopy / Type of Patients	No: of Slides Examined		Total	No: of Patients Examined		Total
	Positive	Negative		Positive	Negative	
New Cases	122	2339	2461	42	827	869
Old Cases	60	770	830	22	302	324
Total	182	3109	3291	64	1129	1193

SA 6a

Program Officer

SECTION II

BASIC MEDICAL PROGRAMME

INTRODUCTION

The basic medical programme commenced with the inception of the project in August,1982 in Ghazi refugee camps.
In the beginning there were only two basic health units but four more B.H.U's were later added in Haripur camps, thus bringing the total number of B.H.U's to six. All these B.H.U's were established on the request of Project Director Health for Afghan Refugees, N.W.F.P, who is responsible for providing health facilities to the Afghan Refugees residing in the N.W.F.P.

Through these basic health units, the project is providing a variety of services to the refugees. These services could be divided into Preventive Health, Curative Health and Public Health Services. (See Fig 3)

At the commencement of the project curative health facilities only were provided but it was soon realized that the number of patients visiting the B.H.U's was increasing. After realizing this fact efforts were made to find out the reasons for the increase in the illnesses and it was found that most of the patients suffered from common communicable diseases which could be easily prevented and most of the time women and children were most affected. It was then realized that curative facilities will not bear any fruit unless something is done to prevent these diseases from occurring and creating awareness among the refugees especially the women and children.

This realization encouraged the project staff to reconsider their plans and work more vigorously to evolve some sort of strategy to cope with this challenge.

The project introduced a preventive health aspect in the medical program and commenced with the recruitment of female staff. This was due to the fact that they are better accepted among the refugee population than the men, because of their cultural and traditional beliefs.

THE SALVATION ARMY

AFGHAN REFUGEE ASSISTANCE PROJECT
PREVENTIVE HEALTH TEAM

FINAL REPORT

R.V Ghazi & Haripur. B.H.U. 1 - 6 Period July,88 - April,89 Project PD 734 (1)

Antenatal Clinic

(a)	under care at the end of previous month	602
(b)	new cases registered this month	1953
(c)	total = (a+b)	2555
(d)	live births during this month	1734
	stillbirths during this month	24
	untraceable after e d.d.	105
	total	1863
(e)	under care at the end of this month = (c-d)	692

Deliveries

Total deleveries assisted with (staff + trainees)	1310
Maternal death	2
Infant mortality	18

Remarks

SA 8a

Program Officer

THE SALVATION ARMY

AFGHAN REFUGEE ASSISTANCE PROJECT
PREVENTIVE HEALTH TEAM

FINAL REPORT

RV Ghazi & Haripur. BHUs 1 - 6 Period July,88 - April,89 Project PD 734 (1)

Underfives Clinic		
(a)	registered at the end of previous month	4446
(b)	newly registered this month	2746
(c)	total (= a + b)	7192
	children older than five	228
	deaths this month	93
	untraceable defaulters *	1834
(d)	total	2155
(e)	registered at the end of this month (= c − d)	5037
☒	Total attendances this month	9394

Degree of malnutrition	1st	2nd	3rd	Total
underweight no.	324	305	115	744
considerably improved	38	52	55	145
defaulters *	100	60	30	190

* defaulter (healthy) if child misses two months
(1st degree) if child misses one month
(2nd degree) if child misses one month
(3rd degree) if child misses two weeks

Health Education		No. of attendances	No. of visits
Schools		14159	188
BHUs		135199	2262 Lectures
Tents	women	22979	(1 visit ½ hour with 6-8 families) 3607 Visits
	antenatal	2284	
	postnatal	2510	
	School age children	17374	

Remarks:

Annex(VII)

Completion Report(Final)

EXPANDED PROGRAMME OF IMMUNIZATION

THE SALVATION ARMY

AFGHAN REFUGEE ASSISTANCE PROJECT

Period July, 88— April, 89 B.H.U. No. 1 — 6 R.V. Ghazi & Haripur. PD 734(1)

	Attendances this period	Vaccination Completed this Period						Completely vaccinated	
		B.C.G.	Polio III+Br	D.P.T. III+Br	D.T. II+Br	T.T. II+Br	Measles	This Period	Commulative Since July 1988
Women 15-45 Yrs	9522	-	-	-	-	5405	-	4876	4876
Underfives	12151	2774	4243	3454	1246	-	2357	2231	2231

Remarks :

SA 1c

Programme Officer

The Salvation Army

Afghan Refugee Assistance Project,

Pakistan PD 734(1)

Afghan Refugee Health Programme

Expanded Programme on Immunization

Statistics Report (Final)

1. Immunization performed during Jan;89 - April,89. BHU 1 - 6 RV Ghazi & Haripur.

Age group	POLIO O	B.C.G.	POLIO				D.P.T.				D.T.			T.T.			Measles	Total attend
			I	II	III	Br.	I	II	III	Br.	I	II	Br.	I	II	Br.		
0-11 Months	464	941	1054	1063	1065	-	1054	1089	1065	-	-	-	-	-	-	-	634	4199
12-23 Months	-	84	78	115	181	466	78	115	181	466	-	-	-	-	-	-	122	841
2-4 Years	-	58	68	84	-	145	-	-	-	-	68	84	145	-	-	-	54	297
5 + Years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Women (15-45)	-	-	-	-	-	-	-	-	-	-	-	-	-	1513	1646	452	-	3611
Total	464	1083	1200	1262	1246	611	1132	1204	1246	466	68	84	145	1513	1646	452	810	8948

2. Uptodate work done since July,88 - April,89 during Project PD 734(1)

Age group	POLIO O	B.C.G.	POLIO I	POLIO II	POLIO III	POLIO Br.	D.P.T. I	D.P.T. II	D.P.T. III	D.P.T. Br.	D.T. I	D.T. II	D.T. Br.	T.T. I	T.T. II	T.T. Br.	Measles	Total attend
0-11 Months	1079	2162	2131	2042	2230	-	2131	2068	1877	-	-	-	-	-	-	-	1594	8416
12-23 Months	-	219	218	251	353	1265	218	251	314	1265	-	-	-	-	-	-	350	2054
2-4 Years	-	393	394	459	-	787	-	-	-	-	394	459	787	-	-	-	416	1640
5 + Years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Women (15-45)	-	-	-	-	-	-	-	-	-	-	-	-	-	4206	4682	845	-	9733
Total	1079	2774	2743	2752	2583	2052	2349	2319	2191	1265	394	459	787	4206	4682	845	2360	21843

Form SA 1a

Signature ____________

Programme Officer

Causes of death:
Under Fives:

1. Diarrhoea	19
2. Fever	10
3. Drowning	1
4. Convulsion	1
5. After birth	5
6. Umblical hernia	1
7. Resp.problem	4
8. Weakness	1
9. Jaundice	3
10. Tetanus	9
11. Pneumonia	16
12. Abdominal pain	1
13. Premature birth	3
14. Asphyxia	1
15. Malnutrition	3
16. Typhoid	1
17. 3rd degree malnu:	1
18. Un known	4
	84

Adults:

1. Hypertension	3
2. Fever	3
3. Diarrhoea	2
4. Anaemia	1
5. Poison	1
6. Accident	1
7. C.C.F	1
8. Pneumonia	2
9. Cardiac failure	1
10. After deliveryCase	1
11. Asthma	9
12. Tumour	1
13. Shaheed	4
14. U.T.Infection	1
15. T.B.	5
16. Un known	1
17. Heat stroke	1
18. Bronchial	1
19. Woman during delivery	2
20. Person after injury	8
21. Abdominal pain	3
22. Kidney problem	1
23. Urine retention	1
24. Cancer	2
25. Typhoid	1
26. Moningitis	1
27. Plasmodium Falciparum	1
	59

Other activities/Remarks

1. Referred 275 patients for sputum examination.
2. Brought 2041 children for vaccination to BHU.s.
3. Visited 2066 shopkeepers and advised them to put on screens in their shops.
4. Visited 147 Butcher's shops and advised them to keep their shops clean.
5. Closed 161 ditches with stagnant water.
6. Chlorinated 820 wells.
7. Helped in construction of 180 pit laterines in their camps.
8. Brought 78 persons for malaria follow up slides.
9. Located 34 T.B. defaulters in the BHU.s.
10. Helped with A.R.C in construction of 350 surface laterines.
11. Water tanks inspected 156.
12. U/5 defaulters 94
13. Wells inspected 1404

--- Surveyed with the Malaria supervisors for Falciparum cases.
--- Helped with Malaria supervisors in spray campaign.
--- Helped the shopkeepers in cleaning the bazar.
--- No.of patients referred from CHW to BHU. = 7031
--- No.of patients referred from BHU to CHWs = 130

CHW.s visited by CHS: Each CHW once a month.

To U/5 clinics by CHS 71.

THE SALVATION ARMY

AFGHAN REFUGEE ASSISTANCE PROJECT

PUBLIC HEALTH TEAM

FINAL REPORT

RV Ghazi & Haripur. BHUs 1 - 6 Period July,88 - April,89 Project PD 734(1)

Health Education		
	No. of attendances	No. of visits
Camps	56070	X
Schools	41077	893
B.H.U.s	55609	980

Health Motivation	
T.B. defaulters contacted	253
Underfives referred for vaccination	32374
Malaria (+) cases referred for radical treatment and follow up	938

Camp Sanitation Inspection			
no of pitlatrines	5795	inspected	50117
no of watertanks	166	inspected	1728
no of tap	76	inspected	1058

Birth and Death Recorded		
Birth recorded		1150
Death record	Underfives	84
	Adults	59
Causes of death:		

Other activities/Remarks:

Over leaf please.

SA 7a

Program Officer

Annex (X)

AFGHAN REFUGEE ASSISTANCE PROJECT PAKISTAN

THE SALVATION ARMY

E.P.I. COVERAGE SURVEY

GHAZI CAMPS.

Survey designed, implemented, supervised and results compiled by Dr.Ibrahim Shah,Programme Officer,Medical Services.

The Salvation Army Survey Team:

Survey Ladies :	Miss.Rubina Shaheen	
	Mrs. Rizwana Bibi.	
Helpers	Mr. Zahoor Ullah	C.H.S.
	Mr. Mohd Masil Khan	C.H.S.
	Mrs.Kashmira	T.B.A.
	Mrs.Gul Nasiba	T.B.A.
Dates covered :	1.10.1988 to 30.11.1988	

INTRODUCTION AND BACKGROUND

Since August 1982 The Salvation Army has been providing service to an estimated 80,000 refugees residing in seven refugee villages in the Hazara Division of the North West Frontier Province of Pakistan.

The Salvation Army is serving in two locations, Ghazi and Haripur. Ghazi is located 120 Km east of Peshawar.

In Ghazi camps, the total population served is approx. 22,000 which resides in two camps, namely Ghazi camp No. 1 & 2. The Salvation Army has the immunization programme in Ghazi camps for the last five and a half years. During this long term, children underfive years have been regularly immunized against the six fatal diseases. Now The Salvation Army management feels that some type of survey should be carried out to know the immunization coverage that has been achieved so far.

AIMS AND OBJECTIVES

The objective of the survey is to assess the immunization status of under one year of children within each of the Ghazi Camps.

-BCG, DPT/OPV, measles in children 13 - 24 months of age.

METHODOLOGY

The sample consist of at least 300 children in the specified age range.

The sample size was calculated from the following formula:

The formula for 95% confidence limit is:

$$n = \frac{4qp}{d^2}$$

When n= the number of children needed in the sample,

p= the percent of immunized children that one expect to find.

q= the inverse of that (or 1 minus P)

and d= the desired accuracy or precision of the estimate.

In these cases:

n= the number we are going to find by the formula:

p= 75 % or .75
q= 1 - .75 or 0.25
d= 5% or 0.25

So $n = \frac{4 \times .75 \times .25}{.05 \times .05} = \frac{.75}{.0025} = 300$ children

So 300 children were surveyed in Ghazi Camps. The camps were divided in a total of 10 sectors.

Total Population	No.of families
22000	3142 (7 person/family)

Each sector will have = $\frac{3142}{10}$ 314.2 families

The survey team went to the centre of each sector and they started their survey from the house near to the pointed/sharp end of the pencil. They then surveyed 30 children in each sector under similar condition.

PRE - TEST

The pre - test was carried out. In the initial draft it was mentioned that children from 0 - 12 months will be surveyed but the pre- test revealed that the results will not be of importance to us as there may be a lot of children who may have not reached the age of 9 months for whom the vaccination team can't provide full vaccination for all diseses. Then some consultaton with other people were carried out which revealed that we could carry out survey of children 13 - 24 months in order to assess the immunization status of under one year of children. So the age range was changed to 13 - 24 months.

The second point in the Pre-test which came to my mind was that the card no. and child name, father name and Malik name should be recorded in some way so that if somebody wants to check the actual record it can be done easily. So it was also done on a seperate paper for record purpose.

THE IMMUNIZATION STATUS

The immunization status is based on EPIrecord only. A child is fully immunized if he/she has received one dose of BCG, confirmed by scar, 3 doses of DPT/OPV with an interval between dose of not less than 4 weeks and one dose of measles.

A child's partially immunized if any of the doses have been missed, the BCG scar in absent intervals have not been respouted or the next dose is not yet due.

A child is considered not immunized if he/she has not received a single dose of vaccine.

RESULTS SURVEY I

Children from 12 - 24 months of age

Total samples = 301
Total Sectors = 10

Each sector divided into = 3 clusters
Have immunization card = 93.35 %
Did not have immunization card. = 6.64 %

BCG Coverage (Scar)	97.67 %
	E.P.I. Cards
BCG	93.35 %
DPT/OPY 1	93.03 %
2	91.02 %
3	89.03 %
Measles	91.02 %

Fully immunized	=	88.03 %
Not immunized	=	1.99 %
Partially immunized	=	9.96 %

SURVEY - II

As the survey carried out for immunization status of children finished earlier than expected time so the survey team was utilized to carry out the survey to assess the immunization status of T.T. Vaccination in women 15 - 45 years of age.

METHODOLOGY

For this survey the methodology is based on the WHO/EPI monograph "Evaluate immunization coverage". The sample consist of at least 210 women in the specified age range; a minimum of 7 women is randomly identified from each of the 30 clusters selected with probability proportion to size.

The recommended cluster sampling technique provides an estimate that lies within 10 percentage points from the population means this range from the sample result should include the true result in 95 % every 100 surveys performed.

THE IMMUNIZATION STATUS

A woman is fully immunized if she has received 2 doses of T.T. 4 weeks apart of which the last was less than 3 years ago; or 3 dose of which the last was less than 5 years ago.

She is partially immunized if one of the dose has been missed, intervals have not been respected or the next dose is not due.

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RESULTS SURVEY II

Total Samples	=	263
Total Cluster	=	30

Based on E.P.I Cards only

T.T Vaccination percentage (Women 15 - 45 years)

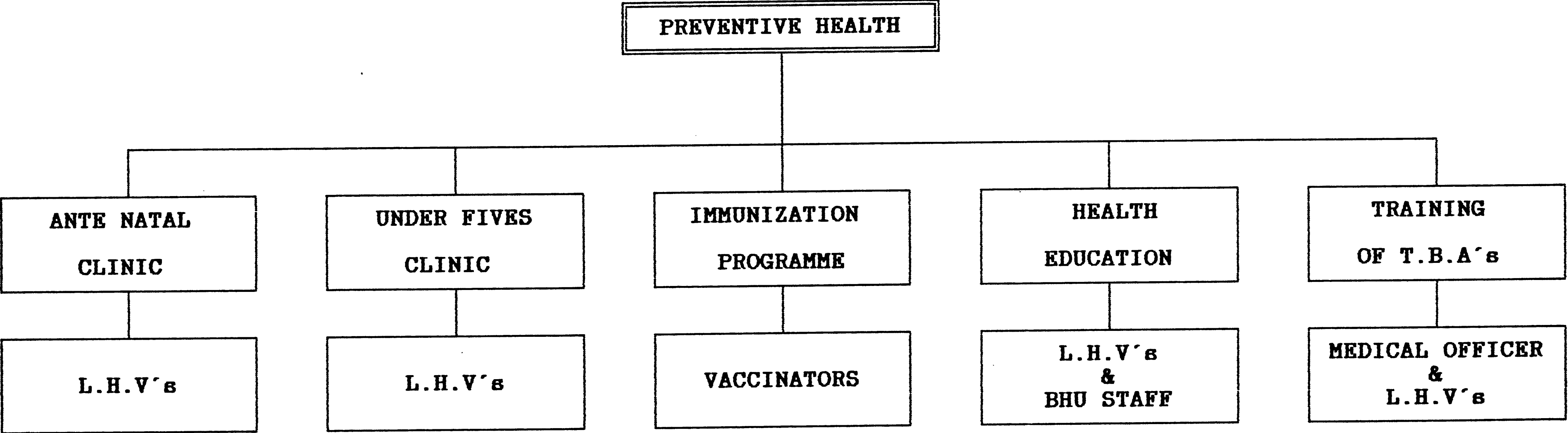
T.T 1	92.77 %
T.T 2	71.10 %
T.T 3	8.36 %

Fully immunized 71.10 %

Partially immunized 21.67 %

Not immunized 7.22 %

****
****


PREVENTIVE HEALTH
ANTE NATAL CLINIC
L.H.V's
UNDER FIVES CLINIC
L.H.V's
IMMUNIZATION PROGRAMME
VACCINATORS
HEALTH EDUCATION
L.H.V's & BHU STAFF
TRAINING OF T.B.A's
MEDICAL OFFICER & L.H.V's

(Fig: 4)

Three preventive health teams, headed by a Female Medical Officer and female support staff were added to the already existing three curative health teams headed by Male Medical Officers and their male support staff.

Three Public Health teams, headed by a sanitarian and project trained Community Health Workers were also deployed in the six B.H.U's to work on alternate days and implement their respective programs.

PREVENTIVE HEALTH SERVICES

The women and young children (under the age of 5) are the most vulnerable groups of the refugee population whose health is always at risk because of multiple factors but some of the important factors are multiple pregnancy, lack of knowledge about ante - natal and post - natal care, nutrition, care of the new born baby, personal hygiene and prevention of some common diseases.

Keeping in mind the above facts, now the project is placing more emphasis on the prevention of diseases rather than curative.

A variety of services are being provided to the refugees by the Preventive Health teams, and are enumerated as under: (See Fig 4)

1. ANTE NATAL CLINIC

According to UNICEF's report every year half a million women die from problems linked to pregnancy and childbirth, leaving behind over one million motherless children.

The Maternal Mortality Rate (MMR) and the Infant Mortality Rate (IMR) among the refugee population are among the highest in the world.

These clinics were commenced with the aim of decreasing the MMR and IMR in the camps where the Army is working.

These clinics are conducted by Lady Health Visitors (L.H.V's), once a week in each B.H.U for the pregnant women who are usually in their second trimester. The women coming for the first time are registered in the B.H.U and an ante - natal card is completed stating all the relevant information. Tetanus toxoid injections are given to the women who have not previously been immunized.

participation.

2. Our result is only according to EPI cards, it shows a little bit low result because the refugees do not keep the EPI cards properly, if you look the BCG scar is 100 %.

   It is recommended for all the vaccinators and health workers (CHS.s and CHW.s) they should teach the people specialy mothers they will not destroy or loose the EPI cards. In the BHU.s we should creat the issueing of EPI cards double. One stay with the family and the other will stay with the vaccinator in the BHU.s.

3. In future any survey carry out about immunization should not be considered by EPI cards. We should check BHU.s records also.

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Annex (XI)

IMMUNIZATION COVERAGE SURVEY
THE SALVATION ARMY, HARIPUR, BHU'S
N.W.F.P.

Date: 1.10.88 to 30.11.88

Aims and objective

The objective of the survey is to assess the immunization coverage rates.

BCG, OPV/DPT, Measles in children 13 - 24 months of age.

Methodology

The methodology is based on the evaluation immunization coverage from W.H.O. All the area was divided into eighteen (18) clusters. In each cluster seventeen(17) children were surveyed in age of 13 - 24 months.A total children were surveyed (306) sample size. The survey teams randomize started from one place and an other.

The Immunization Status

The immunization status is based on EPI records(EPI cards only). A child is fully immunized if he/she has received one dose of BCG confirmed by scar, three doses of OPV/DPT and one dose of measles at or after the minimum age of nine (9) months.

Results

Children from 13 - 24 months of age:

Total sample	306
Total clusters	18
BCG	77.12 %
OPV/DPT	
1.	76.79 %
2.	70.90 %
3.	66.33 %
Measles	71.60 %
BCG scar	100.00 %
Fully immunized children	64.37 %
Partially immunized	30.36 %
Not immunized	5.27 %

COMMENTS.

1. In any development programme, the type and content of information provided the recipient at the point of service and during follow up session are important in guideing, motivation and sustain public

ANNEX - XII

PD 734 1st JULY, 88 TO 30th APRIL, 89
"In-Country" Budget Details.

CATEGORY	BUGETS	ACTUAL SPENT	DIFFERENCE
1- Salaries.	Rs.3,938,055.00	Rs.4,250,106.50	-312051.50
2- Employee Benefits.	Rs.230,217.50	Rs.234,433.39	-4215.89
3- Personal Fees.	Rs.61,250.00	Rs.81,687.50	-20437.50
4- Travel Per Diem.	Rs.557,917.50	Rs.424,460.43	133457.07
5- Occupancy.	Rs.1,029,580.00	Rs.1,112,209.25	-82629.25
6- Publication/Printing/ Xeroxing.	Rs.51,620.00	Rs.47,695.29	3924.71
7- Telex / Telephone.	Rs.45,850.00	Rs.47,002.50	-1152.50
8- Postage/Shipping/Freight.	Rs.90,125.00	Rs.78,693.34	11431.66
9- Vehacle/Maintance/Purchases.	Rs.384,122.50	Rs.416,430.00	-32307.50
10- Supplies.	Rs.2,532,430.00	Rs.2,856,733.17	-324303.17
11- Training.	Rs.149,607.50	Rs.149,030.65	576.85
12- Other.	Rs.10,500.00	Rs.15,624.00	-5124.00
Totals.	Rs.9,081,275.00	Rs.9,714,106.02	(Rs.632,831.02)



The women attending the Ante - Natal clinics receive education about ante - natal care, importance of immunizations during pregnancy, nutrition, post - natal care, care of the new born baby and breast feeding etc.

The expectant mothers are also advised to contact the B.H.U staff or the Traditional Birth Attendants (T.B.A's), trained by the project to help or assist them at the time of delivery.

2. UNDERFIVES CLINIC

It is evident from the name that this clinic is held for the children who are under the age of five and are more susceptible to diseases than the older children because of unhygenic living conditions and severe weather conditions.

This clinic is also held once a week in each B.H.U, all the children attending are weighed and registered in the underfive clinic, but special attention is given to those who are malnourished or undernourished due to varying reasons.

The mothers are advised regarding weaning food and preparation of different food items. In most of the cases the L.H.V's practically demonstrate and prepare different food items in the presence of mothers so that they can be encouraged to feed their children this way in their homes.

The mothers are educated about Breast feeding and its importance because bottle feeding especially in the poor communities, is a serious threat to the lives and health of millions of children.

The mother are also informed about the control of Diarrhoea through O.R.S and its preparation at homes. Diarrhoea causes dehydration, which kills approximately 3.5 million children every year. Diarrhoea is also a major cause of child malnutrition. The main causes of diarrhoea are poor hygiene and lack of clean drinking water.

The mothers are educated about immunizations and the children are referred to the vaccinator present in the B.H.U for immunizations

Sometimes nutritional food supplements are also given to the children who are malnourished or at risk of falling into mal-nourishment due to the death of mother, acute illness, twins or multiple pregnancy.

3. **EXPANDED PROGRAM ON IMMUNIZATION (E.P.I)**

This is one of the most important aspects of the preventive health services and is receiving much importance because of its value and effect on future generations.

Immunization protects against several dangerous diseases. A child who is not immunized is more likely to become under - nourished, disabled and to die.

Without immunization, an average of three out of every hundred children born will die from measles. Another two will die from Whooping cough. One more will die from tetanus. And out of every two hundred children born, one will be disabled for life by Polio.

In order to fully immunize the refugee population, one vaccinator is stationed at each B.H.U where he works for three days in co - ordination with the preventive health team and for the other three days he goes into the camps for out reach activities, travelling to every part of the camp and locating and immunizing the defaulter's as well as registering and immunizing new cases.

The defaulter's are also located and motivated by the personnel of the public health team, who are provided with the details by the vaccinators. The latter keep a complete record of all the immunizations and their status.

Now some changes have been brought about in the E.P.I programme by the concerned government department and the UN agencies. This is a decreasing of the target immunization age level of the children from under five years to under two years, and a new target terminology which has also been given for immunizing the women called the Child Bearing Age women or C.B.A.

4. **HEALTH EDUCATION**

Health education is yet another factor which plays an important role in improving the health of the community, because more than half of all illnesses and death among the young children is caused by germs which get into the child's mouth via food and water.



In poor communities without latrines, without safe drinking water and without safe refuse disposal, it is very difficult for families to prevent the spread of germs. It is therefore vital for the people to be aware of different prevalent health problems and their prevention.

The health education program is being implemented in the B.H.U's as well as in the camps. All the three teams i.e Preventive, Curative and Public Health are engaged in imparting health education to different groups of people.

The preventive health team personnel mostly deals with the women and under five population of the camp and educate them in B.H.U's, at homes and schools whilst the curative and public health team personnel deals with the male population in same places as well as in some public places like mosques and bazaars.

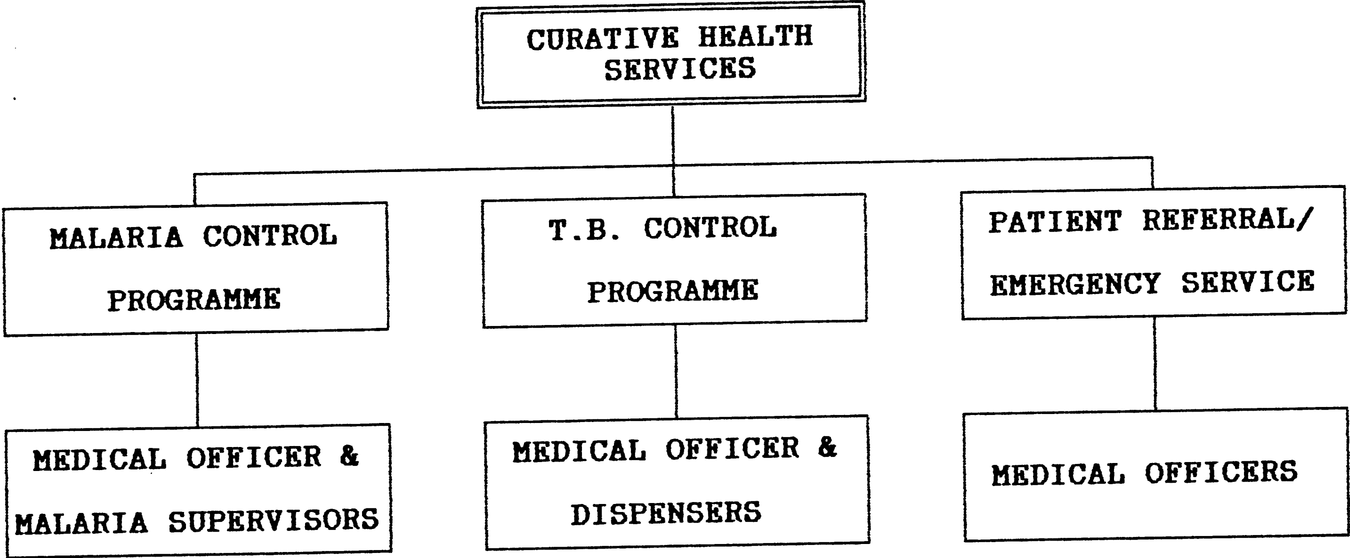
A variety of subjects are taught to the refugee population by these teams which cover personnel and environmental hygiene, prevention of communicable diseases, importance of immunizations, clean drinking water, control of diarrhoea etc.

During home visits the preventive health personnel also follow up ante - natal, post - natal and malnourished underfive children.

5. TRAINING OF TRADITIONAL BIRTH ATTENDANTS (T.B.A's)

Another important role of the preventive health team is to decrease the maternal mortality rate by locating the elderly women, traditionally engaged in delivering the babies in the community, known as Traditional Birth Attendants or T.B.A's and imparting three months training to them in the use of new concepts and aseptic techniques while assisting with the deliveries.

After the training the T.B.A's are provided with a simple delivery kit to continue their work in the community.


CURATIVE HEALTH SERVICES
MALARIA CONTROL PROGRAMME
T.B. CONTROL PROGRAMME
PATIENT REFERRAL/ EMERGENCY SERVICE
MEDICAL OFFICER & MALARIA SUPERVISORS
MEDICAL OFFICER & DISPENSERS
MEDICAL OFFICERS

(Fig: 5)

CURATIVE HEALTH SERVICES

The curative and preventive health services go hand in hand and one without the other will be of no help or use, especially among the refugee community which has some very urgent health needs. That is why some sort of balance has to be kept between these two programmes in order to satisfy the refugees physically and mentally.

The project through its three curative health teams is responding to the urgent medical needs of the people. Each curative team consists of a male doctor and male supportive staff which provides treatment facilities to an average to 80 - 120 patients daily in each working B.H.U.

To support the medical officers in their diagnosis and treatment, field laboratories have also been established at Ghazi and Haripur camps where various specimens are examined by skilled Laboratory Technicians. An average of 3000 specimens are examined per month in these laboratories.

Besides the above mentioned activities, the curative team is also implementing the following programmes. (See Fig 5)

1. T.B CONTROL PROGRAMME

This is one of the most important program being implemented by the curative health team, T.B is a very common disease among the refugee population and it has taken a lot of effort to prevent it from spreading. There are still many T.B patients in the camps, but the situation is not as alarming as it was in the earlier days of the refugee programme.

Due to the prevalence of this disease, special T.B clinics are held in every B.H.U. on a fortnightly basis. During these clinics the registered T.B patients are examined by the medical officer and treatment is given to them. Similarly the suspected T.B patients are referred for X-rays and sputum examination and if found positive or suggestive, are given anti - T.B treatment.

Close family members of the positive T.B patients are also screened regularly to find out whether they have been afflicted by the disease or not.



Efforts are also made to ensure that all the registered T.B patients come and receive their respective medicines on a regular basis. If in some cases the patients are not regular and default in their treatment, they are located with the help of public health team personnel who, after motivation, bring them to the B.H.U's to continue the treatment.

The patients are also educated about the preventive measures necessary to check the spread of this disease among the family and the community.

In some cases, specialized consultation is also provided by the I.C.D (Italian Co-operation for Development, an Italian agency implementing the T.B control program for Afghan Refugees). I.C.D is also providing technical and material support, in the shape of Mobile X-ray units, training of laboratory personnel, supply of anti -T.B medicines and laboratory reagents for sputum examination to the voluntary agencies.

2. MALARIA CONTROL PROGRAMME

Every year 100 million malaria cases cause hundreds of thousands of child deaths and many more cases of child malnutrition. It also causes deaths and other complications in the adult patients.

Malaria is one of the most common disease among the refugee population. To control this disease, a Malaria Supervisor has been attached to each B.H.U, whose responsibility it is to take blood samples from the suspected cases and provide them with a complete treatment regime, if found positive, after the laboratory examination. The suspected cases are also provided with radical treatment.

From time to time the malaria supervisors also collect blood samples for mass screening of the population.

To control the spread of disease and especially the breeding of mosquitoes, the office of the Deputy Project Director Health (G.O.P) for malaria control supplies malaria insecticide for spraying, in the camps, once a year. Malaria supervisors with the help of Public Health Team personnel, carry out this malaria spray campaign in the camps.



THE SALVATION ARMY

Afghan Refugee Assistance Project

PAKISTAN

Fortunately, The Salvation Army Afghan Refugee Assistance project has continued to operate effectively due to the combined support of multiple donors (See Figure 1). The U.S State Department, Bureau for Refugee Programmes (PD 734) continues to provide the single largest portion of project funding with regular, high levels of financial support, thereby the above problems have not yet affected this project.

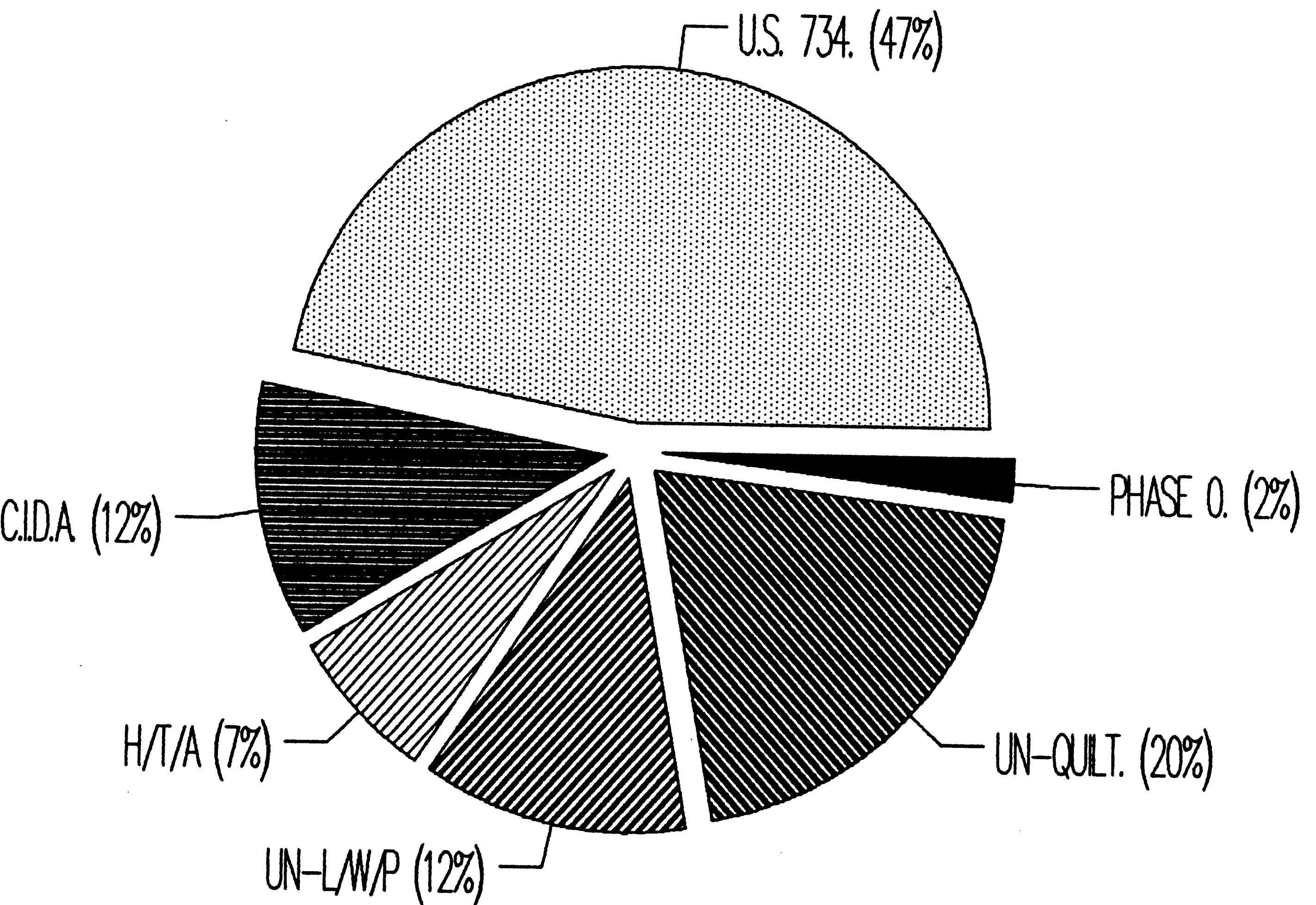
At this stage, there is a great need to motivate the donor community to continue funding projects in Pakistan as 3.2 million refugees are still residing here. If the donor community does not respond to the refugees still in Pakistan there could be more fatalities than the past 10 years of war. It is feared that cuts in aid would deteriorate the living conditions of the refugees in Pakistan and they would therefore be forced to go back to their country. This will be even more destructive due to the presence of millions of mines scattered all over the country, food shortages and epidemics etc, not to mention that the return of the refugees as per the Geneva accord should be dignified and voluntary.

Like many other aid agencies, The Salvation Army is also making plans for possible work inside Afghanistan to assist in the reconstruction and rebuilding of the war - torn country.

Three survey teams have been sent into Afghanistan to find out the socio - economic conditions, general situation and the needs of the people living in the areas where the Army may go and possibly start reconstruction work. The areas which have been surveyed are Hisarak in the Nangarhar Province, Jabal - us - Siraj in the Parwan Province, Kajakai in the Helmand Province and Robatak in the Baghlan province.

Apart from the surveys, The Salvation Army has submitted funding proposals for the Refugees Repatriation Programme covering Emergency Medical Cover to the Returning Refugees, en route.

THE SALVATION ARMY
Donor Contribution (1988-89)



(Fig: 1)



THE SALVATION ARMY
Afghan Refugee Assistance Project
PAKISTAN

PROFILE

THE SALVATION ARMY

AFGHAN REFUGEE ASSISTANCE PROJECT

ORGANIZATION:

INTERNATIONAL HEADQUARTERS (LONDON)
TERRITORIAL HEADQUARTERS (LAHORE)
PROJECTS OFFICE (PESHAWAR)

PROJECTS:

* PRIMARY HEALTH CARE (6 B.H.U'S)
* COMMUNITY HEALTH EDUCATION (MALE & FEMALE)
* VOCATIONAL TRAINING
  - Carpentry
  - Welding
  - Auto Mechanic
  - Denting and Painting
  - Tractor Repairing
* INCOME GENERATION
  - Embroidery Work
  - Carpet Weaving
  - Gillim Weaving
  - Soap Making
  - Leather Work
  - Quilt Making

TOTAL STAFF:

206 Paid Employees
80 Trainees

TOTAL BUDGET 1988 - 89: 1,188,053.00 U.S $
(AS AT 30-4-89)

DONOR AGENCIES:
(AS AT 30-4-89)

* U.S STATE DEPARTMENT BUREAU FOR REFUGEE PROGRAMS
* CANADIAN INTERNATIONAL DEVELOPMENT AGENCY (C.I.D.A)
* HELP THE AGED FOUNDATION (U.K)
* U.N.H.C.R PESHAWAR
* U.N.H.C.R LAHORE
* CANADIAN AMBASSADORS DISCRETIONARY FUND (See Fig 1)

THE SALVATION ARMY

Afghan Refugee Assistance Project

PAKISTAN

OPERATIONAL SINCE: AUGUST 1982
(REFUGEE PROJECT IN N.W.F.P)

The Salvation Army was founded by William Booth in 1865 in London, England. It is an international, non - denominational religious organization with a concern also for social care, and is a registered charity with its headquarters in London.

At present working in 91 countries of the world using 129 languages, The Salvation Army is providing millions of people with medical care, relief, shelter and education etc, regardless of race, religion or cultural background.

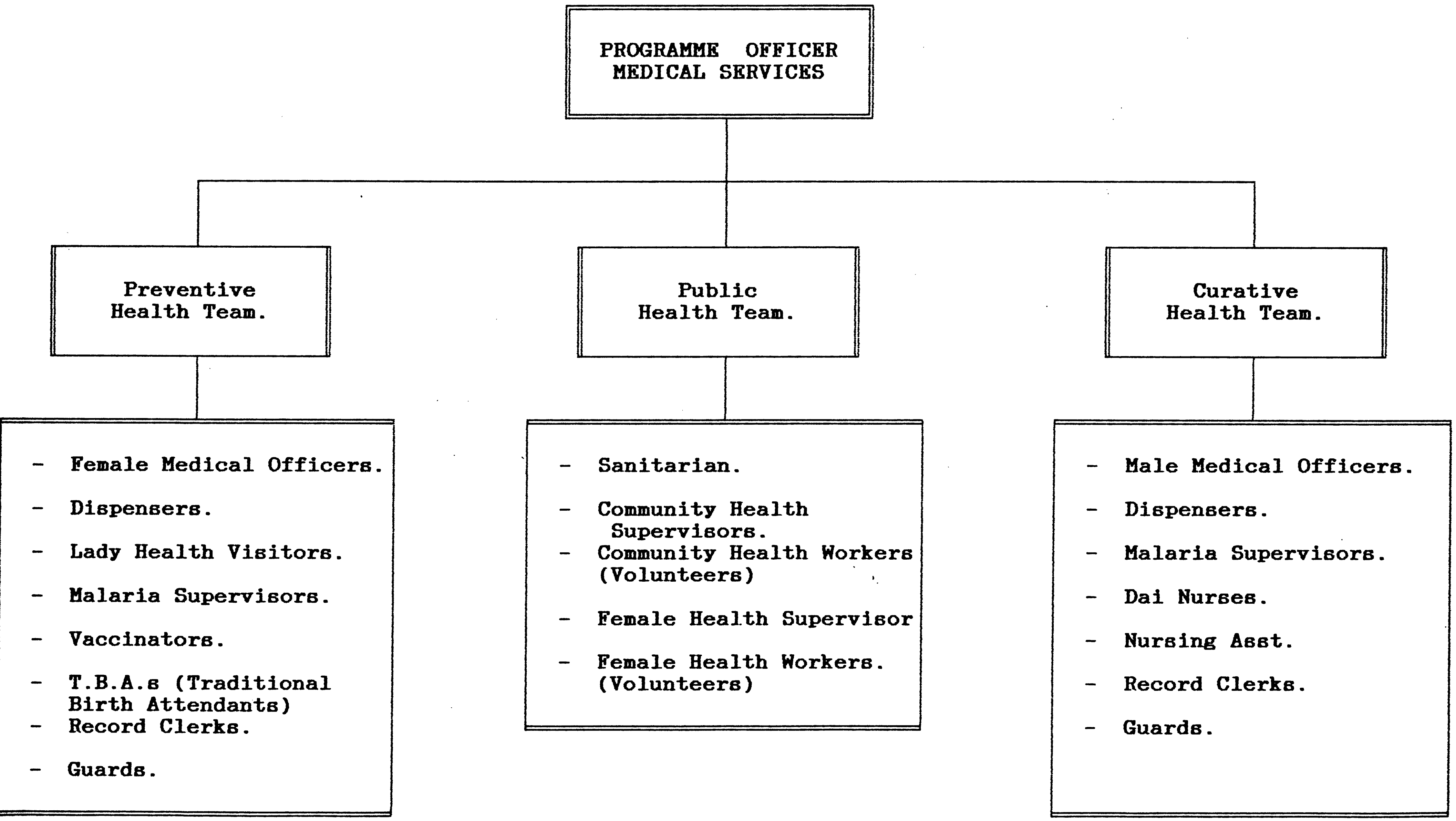
The Salvation Army has been working in Pakistan, mainly in the Punjab since 1947, and has been in India since 1883. It came to the North West Frontier Province in 1982 to provide relief assistance to the refugees migrating and settling into different parts of the province.

It started its activities by opening two Basic Health Units at Ghazi camps near Tarbela, and also was involved in some relief distribution of essential food and other items among the newly arriving refugees.

Approximately 65% of the total staff employed with the project are Afghan Nationals, three of these being in very key positions.

Initially the funds were provided by the U.S State Department Bureau for Refugee Programs to run the whole project, but at a later stage UNHCR and other donors started funding other sections of the programme necessary for the continued assistance of the refugees.

Prior to the visit of General Eva Burrows in January, 1989 and receiving her approval, The Salvation Army commenced planning for the possibility of working in Afghanistan and assisting in the reconstruction and rebuilding of the country.


PROGRAMME OFFICER MEDICAL SERVICES
Preventive Health Team.
Public Health Team.
Curative Health Team.
- Female Medical Officers.
- Dispensers.
- Lady Health Visitors.
- Malaria Supervisors.
- Vaccinators.
- T.B.A.s (Traditional Birth Attendants)
- Record Clerks.
- Guards.
- Sanitarian.
- Community Health Supervisors.
- Community Health Workers (Volunteers)
- Female Health Supervisor
- Female Health Workers. (Volunteers)
- Male Medical Officers.
- Dispensers.
- Malaria Supervisors.
- Dai Nurses.
- Nursing Asst.
- Record Clerks.
- Guards.

(Fig: 3)

THE SALVATION ARMY

Afghan Refugee Assistance Project

PAKISTAN



FINAL REPORT

P ROJECT PD - 734(1)

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Medical & Vocational Training Programme

Peshawar,
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THE SALVATION ARMY

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THE SALVATION ARMY

Afghan Refugee Assistance Project

PAKISTAN

LIST OF CONTENTS

LIST OF ANNEXES



THE SALVATION ARMY

Afghan Refugee Assistance Project

PAKISTAN

ACKNOWLEDGMENT

On behalf of the Project Administration, we wish to thank the U.S State Department Bureau for Refugee Programs for their continued funding support to this project over the last seven years. This support has enabled the project to become a success in reality; without it, the project would not have existed.

Our next sincere thanks go to the staff members in The Salvation Army World Service Office (SAWSO), Washington, who have during these years represented this project in the best possible way, at Capitol Hill, to ensure continued funding.

It has been through their dedication and commitment that it has been possible not only for the establishment of this project, but also its continuation for seven years, and hopefully for a few more years until the Afghan Refugees can safely return to their homeland.

We would also thank SAWSO for the technical assistance they have provided us in developing the project, as well as the skills of the personnel related to the project.

We would especially like to thank Ms.Dian Svendsen, Co-ordinator for Organizational and Human Resource Development and Mr.Randall Gibson, Regional Co-ordinator SAWSO, and Dr.Mary Anne Mercer, Technical Advisor SAWSO, who with their guidance and suggestions have contributed tremendously in the development of the project.

We would also like to thank Lt. Colonel John Swinfen and his staff at The Salvation Army International Headquarters in London, for their help in finding different donors for different aspects of the project.

We would also like to register our sincere thanks to Colonel John Nelson, Territorial Commander, and to Captain David Burrows, Social Secretary, and his staff, for their support and advice which has helped in the smooth running of the project.



THE SALVATION ARMY

Afghan Refugee Assistance Project

PAKISTAN

Finally, we would like to thank the Project Administration staff namely, Captain and Mrs.Ivor S.Telfer, Field Programme Co-ordinator and Advisor, Primary Health Care, Mrs.Gill Biland, Program Officer Finance, Syed Mehmood Asghar, Program Officer Administration, Dr.Abdul Wahab, Program Officer Medical Services Haripur, Dr.Zain - ul - Abedin, Program Officer Medical Services Ghazi, Mr.Ghulam Jelani, Program Officer Vocational Services and Mr.Abdul Ghaffar Masoom Farhad, Program Officer Community Health Education, for their untiring efforts and hard work which they have rendered during these years in their respective fields,for the betterment of the refugees, and for the development of the project in general. Their un-ending support and co-operation has made this project the success it is.

Last but not least, we would sincerely like to thank all the project staff who have contributed tremendously to the project, for their dedication and willingness to work. Although often faced with many constraints, especially in the field, they have always managed to perform their duties with dedication and interest.

In ending, we would like to thank all those who have contributed by offering their comments and advices in the formulation of this report and look forward to their valued comments on this report.

PESHAWAR
Ø7TH SEPTEMBER,89



THE SALVATION ARMY

Afghan Refugee Assistance Project

PAKISTAN

SECTION I

PREFACE

This final report of The Salvation Army, Afghan Refugee Assistance Project, covers the period of 10 months i.e from 1st July,1988 to 30th April, 1989.

This report gives details of all the achievements accomplished during this period and also the future plans to work inside Afghanistan, when there is a more settled situation in that country.

During this period many were thinking that the refugees would start going back to their homeland after the Russian troops had completely withdrawn from Afghanistan on 15th February,1989.

However, due to many factors the refugee problem is still very much here and instead of a repatriation of refugees, more refugees have come into Pakistan, because of concern for personal security due to intensive fighting and acute food shortages in some areas.

According to the Government of Pakistan and U.N.H.C.R, from October, 1988 to March, 1989 a total of between 60,000 to 75,000 new refugees have arrived in Pakistan in need of food and shelter.

The overall refugee situation in Peshawar is very confused and complicated because of two reasons:

a. Uncertainty about what the future holds for the refugees in Pakistan and when they will be able to return to their homeland in Afghanistan.

b. The amount of Aid coming for the refugees through different aid agencies has been cut to a great extent which has threatened the very existence of some of the projects for the refugees in Pakistan.

This reduction in aid can be attributed to two reasons, firstly that donors are concerned about development funding in Afghanistan and secondly due to a reduction in previously high media coverage. The latter can be attributed to both the `stalemate ´ in the fighting around Jalalabad and to other urgent world donor needs.